



**FORMAT FOR LODGING COMPLAINT OF CASTE BASED DISCRIMINATION  
BY SC/ST/OBC/ STUDENTS / FACULTY / NON-TEACHING STAFF**

**Instructions:**

Complainant must download this proforma, fill it up legibly, duly sign and send it to the Chairperson, SC, ST, OBC, Persons with Disabilities and Minorities Committee

|   |  |  |
|---|--|--|
| Name of the Complainant<br>(in Block Letters)                             |  |  |
| For Students  | Department /<br>Course                   |  |
|   | Registration / Roll<br>No                |  |
| For Faculty / Non-Teaching<br>Staff                                       | Designation &<br>Official Employee<br>ID |  |
| Contact Details (Postal<br>Address)<br>with Mobile Number and<br>Email ID |  |  |
| Discrimination Pertains to<br>(SC/ST/OBC)                                 |  |  |
| Nature of the Complaint (in<br>brief) with Details of<br>Accused:         |  |  |
| Date, Time and Place of the<br>Incident                                   |  |  |
| Details of Witness of the<br>Incident                                     |  |  |
| Number of Attachment of<br>Evidences (if any)                             |  |  |
| Signature and Date  |  |  |