

# **“Prevention of Caste based Discrimination”**

(Form for lodging complaints by SC/ST/OBC students/teachers/non-teaching staff)

Applicant Type: Student  Teacher  Non-Teaching Staff

Name of Applicant: \_\_\_\_\_

Caste/Category: SC  ST  OBC

Class of Student: \_\_\_\_\_

Department name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile No: \_\_\_\_\_

Email ID: \_\_\_\_\_

Aadhar No.: \_\_\_\_\_

Nature of Complaints: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature**

**Note: Submit the hard copy of the complaints to the Principal of the college immediately.**