

Format For Lodging Complaint Of Caste Based

Discrimination by SC/ST/OBC Students / Faculty / Non-Teaching Staff

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 on collegeoftheatrearts.ka@gmail.com

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|--|--------------------|--|
| Name of the Complainant | | |
| For Students | Semester | |
| | PR. No. / Roll No. | |
| For Faculty / Non –Teaching Staff | Designation | |
| Contact Details with Mobile No. & E-mail Id | | |
| Discrimination Pertains to (SC/ST/OBC) | | |
| Nature of Complaint (in brief) : | | |
| Date, Time and Place of the incident : | | |
| Details of Witness of the Incident | | |
| Number of Attachment of Evidences (if any) | | |
| Signature and Date | | |