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

Instructions:

The complainant must download this proforma, fill it out legibly, duly sign it and send it to The Liaison Officer, OBC Cell.

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

***Contact: Liaison Officer, OBC cell Mobile no.: 8011761487 Email:*** [***obc.cell@cit.ac.in***](mailto:obc.cell@cit.ac.in)