



KIRODIMAL INSTITUTE OF TECHNOLOGY, RAIGARH (C.G.)

(Govt. Sponsored Self-Financed Engineering College)

CASTE DISCRIMINATION COMPLAINT FORM

1. Name of the Applicant :
2. Mother's Name :
3. Father's Name :
4. Gender :
5. Branch :
6. Semester :
7. Roll No. :
8. Category/Caste :
9. Contact No. :
10. E-Mail ID :
11. Full Address :
12. Describe in detail and :
accurately the nature
of your complaint
(100 words)

Signature of the complainant

Name

Date