

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
SAKET NAGAR, BHOPAL- (MP)-462020
(ACADEMIC SECTION)**

**FORMAT FOR FILING A COMPLAINT AGAINST CASTE DISCRIMINATION
(FOR STUDENTS)**

I. Details of the Complainant(s):

Name (In capital letters)	
Age	
Gender	Male: [] Female: [] (Please tick)
Category	SC: [] ST: [] OBC: [] PwD: [] (Please tick)
Course of Study	
Department/ Speciality	
Address for correspondence	
Mobile Number	
Email	

II. Person(s) against whom the complaint is being lodged:

Name (In capital letters)	
Designation/Department/ Office	
Address, if any	
Mobile Number, if any	
Email, if any	

III. Brief description of the complaint:

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IV. Any other relevant information:

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Date: _____

Place: _____

Signature of Complainant