



**Shri Mata Vaishno Devi University**  
**SC/ST/OBC CELL**  
COLLEGE OF SCIENCES, SMVD UNIVERSITY, KAKRYAL  
KATRA - 182320

**FORMAT FOR FILING A COMPLAINT AGAINST CASTE DISCRIMINATION**

**I. Details of the Complainant(s):**

<b>Name</b> (In capital letters)	
<b>Age</b>	
<b>Gender</b>	Male: [    ] Female: [    ] (Please tick )
<b>Category</b>	SC: [    ] ST: [    ] OBC: [    ] (Please tick)
<b>Whether Student or Employee</b>	
<b>Department/ School/ Centre/ Office</b>	
<b>Contact Address</b>	
<b>Mobile Number</b>	
<b>Email</b>	

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

<b>Name</b> (In capital letters)	
<b>Department/ School/ Centre/ Office</b>	
<b>Contact Address</b>	
<b>Mobile Number</b>	
<b>Email</b>	

**III. Brief description of the complaint:**

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**IV. Any other relevant information:**

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**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Signature of Complainant**