Complaint Form For Registration of Complaints

Only For Schedule Castes & Schedule Tribes

Personal Information				
1	First Name	* :		
2	Middle Name	:		
3	Last Name	* :		
4	Enrolment No. for IIIT-A Students	* :		
5	Father/Mother/Husband Name	* :		
6	Date of Birth	* :	__ __/__ __/__ __ __ __	
			DD MM YYYY	
7	Gender (Male/Female)	* :		← Mention here
8	Schedule Caste/Schedule Tribes	*		← Mention here
Contact Information				
9	Complete Correspondence Address	* :		
10	District	* :		
11	Pincode	* :		
12	State	* :		
13	Phone Number (With STD Code)	:		
14	Mobile	:		
15	E-Mail Id	:		
Complaint Information				
16	Name of Department	* :		
17	Subject	* :		
18	Incident Occurance date	* :		
19	Complaint Detail	:		
20	Attachment (if any, Yes/No)			

Note: 1) * Fields are mandatory.
     2) In complete application will not be treated.

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Signature of the Complainant