

DKMM Homoeopathic Medical College & Hospital Behind BiBi-Ka Maqbara, Shree Guru Ganesh Nagar, Chhatrapati Sambhajinagar-431004

OTHER BACKWARD CLASS (OBC) COMMITTEE

OBC COMPLAINT FORM

Name of	
Complainant	
Contact Number	
Email Id	
Class	

Detailed Complaint		

Undertaking

I hereby declare that the information furnished above by me is true and accurate.

Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious.

Signature of Complainant	
Date	