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

SC / ST COMMITTEE

SC / ST COMPLAINT FORM

Name of Complainant	
Contact Number	
Email Id	
Class	
Category of Complainant –	☐ **SC** ☐ **ST**

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	