



## **CASTE DISCRIMINATION COMPLAINT FORM**

**Name of the Complainant:**

**Register Number:**

**Course of Study:**

**Department:**

**Institute:**

**Campus: VSP/HYD/BLR**

**Phone Number:**

**Email id:**

**Address for communication:**

**Describe in detail and accurately the nature of your complaint:**  
(add adequate pages if needed)

**Signature of the Complainant:**

**Date:**

**\*Fill the form and mail to [registrar@gitam.edu](mailto:registrar@gitam.edu)**