

“Dissemination of Education for Knowledge, Science and Culture”

-Shikshanmahrashi Dr.Bapuji Salunkhe

**Lal Bahadur Shastri College of Arts, Science and Commerce, Satara**

**Complaint Form**

**Prevention of Caste Based Discrimination**

( जातीआधारित भेदभाव प्रतिबंध )

**Name of Accuser:** \_\_\_\_\_

(तक्रारदाराचे नाव)

**Accuser Occupation:** Student / Teacher / Non-teaching staff

(तक्रारदाराचा व्यवसाय)

Caste of Accuser :- SC / ST / OBC

Phone No:-

Email Id :-

Address with Pin- code:-

Nature of Complaint :- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Accuser

(तक्रारदाराची सही)