



**MONAD**  
**UNIVERSITY**  
Established by UP State Govt. Act 23 of 2010  
& U/S 2 (f) of U.G.C. Act 1956

## COMPLAINT FORM FOR CASTE BASED DISCRIMINATION

**Name:**

(Student / Faculty / Administrative staff)

**Id Number:**

(Enrolment no / Emp code)

**Department:**

**Mobile No:**

**Category:**

(click on click box)

SC  ST  OBC

**Email id:**

**Address:**

**Complaint:**

(in few words)

**Signature:**

**Date:**