



INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)
Dundigal, Hyderabad - 500 043

APPLICATION FILING A COMPLAINT AGAINST CASTE DISCRIMINATION

I. Details of the Complainant (s):

Name (in Capital letters)	:	
Age	:	
Gender	:	Male [] Female[] (please tick)
Category	:	SC [] ST [] OBC [] (please tick)
Whether Student or Employee	:	
Department / School / Centre/ Office	:	
Contact Address	:	
Mobile Number	:	
Email ID	:	

II. Person(s) against whom the complaint is being lodged:

Name (in Capital letters)	:	
Department / School / Centre/ Office	:	
Contact Address	:	
Mobile Number	:	
Email ID	:	

III. Brief description of the complaint :

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IV. Any other relevant information :

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Date : _____

Place : _____

Signature of the complainant