



(Formerly known as Krishna Institute of Medical Sciences "Deemed to be University", Karad)

Annexure B

CASTE DISCRIMINATION COMPLAINT FORM

Name of the Complainant:

Id Number:

Course of Study:

Department:

Phone Number:

Email id:

Address for communication:

.....
.....

Description of the Complaint:

.....
.....



**KRISHNA
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VIDYAPEETH**
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(Additional if space is not adequate)

Signature of the Complainant:

Date: