

Bharati Vidyapeeth's
Dr. Patangrao Kadam Mahavidyalaya, Sangli
RAGGING COMPLAINT FORM

Part A (Information about Complainant)

Name	
Age	
Sex	
Address	
Aadhar Number	
Mobile number	
Email	
Day and Date	

Part B(Person(s) against whom the complaint is being lodged)

Name	
Age	
Sex	
Mobile number (Not Mandatory)	
Address (Not Mandatory)	

Part C Brief Description About Complaint

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I hereby declare that the information provided above is correct to my knowledge . I know that I shall be held responsible for furnishing any wrong information.

Complainant Signature

Complaint received by:

Name of the faculty:

Designation:

Mobile Number :

Signature: