

**ANTI RAGGING COMPLAINT FORM**

Sr.No.	Title	Details
1	<b>Complaint Filled By*</b>	Self / Relative
2	<b>User ID/ Enrolment No./ Roll No. *</b>	
3	<b>Victim Student Name*</b>	
4	<b>Department/Branch Name*</b>	
5	<b>Year Of Student *</b>	
6	<b>Mobile No.*</b>	
7	<b>Email ID*</b>	
8	<b>Ragging Details*</b>	
9	<b>Description*</b>	

**Disclaimer:-I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge.**

**Sign**

**Name:-**