

From;

Date:

Name of the Student :

Course & Batch :

Registration Number :

To,

The Registrar
Alliance University
Chikkahagade Cross, Chandapura-Anekal Main Road
Anekal, Bangalore-562 106.

Complaint Form-Caste Discrimination

Sir,

I would like to register a complaint with respect to caste discrimination and the details are as follows:

Thanking You.

Signature;

Date: