



KESHARI SHIKSHAN SAMITI

(B.Ed. College)

Khokhara Distt- Janjgir-Champa (C.G.)

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ANTI-RAGGING COMPLAINT CELL

Personal Information of the Complainant

Student's Name : _____
Class : _____
Roll. No. : _____
D.O.B. : _____
Contact No. : _____
Category : _____
Father's Name : _____
Occupation : _____
Educational Qualification : _____
Mother's Name : _____
Occupation : _____

Any other important feature : _____
Nature of Family : _____
(Joint/Nuclear)
Marital Status : _____
Medical History : _____
Treatment if any : _____

Signature of Complainant

Nature of Complaint.....
.....
.....
.....

Date.....**Time**..... **Place**.....

Witness, if any.....

First Meeting

Date: _____

Time: _____

Statement /Issue/Problem of the Candidate

Suggestions by the CELL

Second Meeting

Date: _____

Time: _____

Feedback

Diagnosis of the Problem

Treatment/ACTION

Third Meeting

Date: _____

Time: _____

Follow up

Suggestion and Recommendations

Signature of the Coordinator /Teacher Incharge.....Date.....

Signature of the Head of the Institute.....Date.....