

**SHRI SHIVAJI SCIENCE AND ARTS COLLEGE,  
CHIKHLI, DIST BULDANA.**

**COMPLAINT FORM**

Name of Complainant : \_\_\_\_\_  
Class : \_\_\_\_\_  
Department : \_\_\_\_\_  
Nature of Ragging : \_\_\_\_\_

**Undertaking**

I here declare that the information furnished above by me is true and accurate. Further, I understand that disciplinary action can be taken against me if the above allegations are found incorrect or malicious.

Date:

Signature of the Complainant

*Y. Pochhi*  
**Dr. V. U. Pochhi**  
**Coordinator**  
IQAC, Shri Shivaji Sci. & Arts  
College, Chikhli Dist. Buldana



*Dr. Omraj S. Deshmukh*  
**Dr. Omraj S. Deshmukh**  
**PRINCIPAL**  
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