Annexure 2

DEFENDANT RESPONSE FORM

I. Defendant

Name:
University Roll No/ Employee Code:
Course & Year:
E-Mail Address:
Contact No.:
Designation.:

II. Complainant

Name:
University Roll No/ Employee Code:
Course & Year:
E-Mail Address:
Contact No.:
Designation.:

III. Witnesses

Name:
University Roll No/ Employee Code:
Course & Year:
E-Mail Address:
Contact No.:
Designation.:

IV. Details of the Complaint

V. Supporting Documents (if any) (list and attach):

Declaration:

I hereby declare that the information provided above is true, correct, and complete to the best of my knowledge and belief. I understand that the Internal Committee will conduct the inquiry in accordance with applicable laws and University policies, and I agree to cooperate fully with the inquiry process.

Signature of the Defendant:

_____

Name: _____

Date: _____

Place: _____

Note: All information furnished in this form shall be kept strictly confidential and used solely for the purpose of inquiry by the Internal Committee, in accordance with applicable laws and University regulations.