

**VIGILANCE COMPLAINT REGISTRATION FORM**

**Complaint Against**

Name & Designation : \_\_\_\_\_

Organization : INSTRUMENTATION LIMITED

Complaint Description : \_\_\_\_\_

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**Complainant Details**

Name : \_\_\_\_\_

Email : \_\_\_\_\_

Phone : \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Date of Birth : \_\_\_\_\_

Complaint Reg. Date : \_\_\_\_\_

(Attach documents if any)