Dashboard

Online Complaints Registration Form

FILE COMPLAIN / ଅଭିଯୋଗ ଦାଖଲ କରନ୍ତୁ

Mode Of Communication / ଯୋଗାଯୋଗ ମାଧ୍ୟମ

----- Select Mode Of Communication -----

Today Date : 2025-11-19

DETAILS OF APPELLANT / ଆପିଲକାରୀ ବିବରଣୀ

Name / ନାମ

Enter Appellant Name Here.

Sex / ଲିଙ୍ଗ

-- Select Gender --

Type of Complain / ଅଭିଯୋଗର ପ୍ରକାର

-----Select Complain Type-----

Educational Qualification / ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା

Educational Qualification

Mobile No. / ମୋବାଇଲ ନମ୍ବର

Mobile Number

Whatsapp No. / ହ୍ୱାଟସ୍‌ଆପ୍ ନମ୍ବର

Whatsapp Number

Email ID / ଇମେଲ୍

Email ID.

Date of Birth / ଜନ୍ମତାରିଖ

mm/dd/yyyy

Age / ବୟସ

Age

Date of Marriage / ବିବାହ ତାରିଖ

mm/dd/yyyy

Number of Children

NA

Caste

Caste

Underage / Teenage

Yes No

Cyber Crime

Yes No

Government Servant

Yes No

Present Address / ବର୍ତ୍ତମାନ ଠିକଣା

Address Line 1 / ଠିକଣା ରେଖା 1

Address Line 1...

Address Line 2 / ଠିକଣା ରେଖା 2

Address Line 2...

District / ଜିଲ୍ଲା

-----Select District-----

City / ସହର

City

Pin Code / ପିନ୍ କୋଡ୍

Pin Code

Post Office / ଡାକ ଘର

Police Station / ପୋଲିସ ଷ୍ଟେସନ

Police Station

Permanent same as Present

Permanent Address / ସ୍ଥାୟୀ ଠିକଣା

Address Line 1 / ଠିକଣା ରେଖା 1

Address Line 1...

Address Line 2 / ଠିକଣା ରେଖା 2

Address Line 2...

District / ଜିଲ୍ଲା

-----Select District-----

City / ସହର

City

Pin Code / ପିନ୍ କୋଡ୍

Pin Code

Post Office / ଡାକ ଘର

Police Station / ପୋଲିସ ଷ୍ଟେସନ

Police Station

DETAIL OF APPELLEE

Name / ନାମ

Enter Appellant Name Here.

Mobile No. / ମୋବାଇଲ ନମ୍ବର

Mobile Number

Occupation. / ମୋବାଇଲ ନମ୍ବର

Occupation

Date of Birth / ଜନ୍ମତାରିଖ

mm/dd/yyyy

Age / ବୟସ

Age.

Qualification / ଯୋଗ୍ୟତା

Qualification.

Monthly Income / ମାସିକ ଆୟ

Monthly Income.

Present Address / ବର୍ତ୍ତମାନ ଠିକଣା

Address Line 1 / ଠିକଣା ରେଖା 1

Address Line 1...

Address Line 2 / ଠିକଣା ରେଖା 2

Address Line 2...

District / ଜିଲ୍ଲା

-----Select District-----

City / ସହର

City

Pin Code / ପିନ୍ କୋଡ୍

Pin Code

Post Office / ଡାକ ଘର

Police Station / ପୋଲିସ ଷ୍ଟେସନ

Police Station

Permanent same as Present

Permanent Address / ସ୍ଥାୟୀ ଠିକଣା

Address Line 1 / ଠିକଣା ରେଖା 1

Address Line 1...

Address Line 2 / ଠିକଣା ରେଖା 2

Address Line 2...

District / ଜିଲ୍ଲା

-----Select District-----

City / ସହର

City

Pin Code / ପିନ୍ କୋଡ୍

Pin Code

Post Office / ଡାକ ଘର

Police Station / ପୋଲିସ ଷ୍ଟେସନ

Police Station

OTHER DETAILS / ଅନ୍ୟାନ୍ୟ ବିବରଣୀ

Complete Detail of Incident / ଘଟଣାର ସମ୍ପୂର୍ଣ୍ଣ ବିବରଣୀ

Detail...

Request to wish / ଇଚ୍ଛା କରିବାକୁ ଅନୁରୋଧ

Attach Document / ଦସ୍ତାବେଜ ସଂଯୋଗ କରନ୍ତୁ

Choose File No file chosen Upload

Sl. No	File Name	Caption	View	Delete

Caption / ଶୀର୍ଷକ :

Enter caption

Attendent By :

-----Select Attendent Officer-----

Submit Clear