

For Office Use only
Appli. No:

Rec. Date:

DARUL HUDA ISLAMIC UNIVERSITY

Hidaya Nagar, Chemmad, Tirurangadi PO, Malappuram, 676306, Kerala, India Ph: 0494-2463155,2464502, Fax: 2460575 Website: www.darulhuda.com, Email: dhiuniversity@gmail.com

REQUEST / COMPLAINT FORM

1. Full Name of the Candidate (In Capital Letters):
2. Date of Birth (dd/mm/yyyy)
3. Full Address:
4. DHIU Enrolment No.
5. Presently studying at (Institution Name):
6. Ad. No.: Class/ Dept:
7. Exam Reg. No.:
3. Phone No.
9. Request / Complaint: (Write your complaint/request in detail in the below space. You can use the other side / separate sheet, fneeded)
10. Details of the fee remitted: Challan No. Date of remittance
11. Details of documents attached (if any):
For Office Use Only
Status of the Complaint/ Request :
Transferred to:
Solved by:
ntimated the applicant (details):