



བསམ་གཏུག་རྒྱུ་རྩེ་རྒྱུ་རྩེ་
THROMDE ADMINISTRATION
SAMDRUP JONGKHAR



Date:

Application from for grievances

Complaint category*:

Complaint Type*:

Complaint Description*:

Name of Applicant*:

Identification/CID No.*:

Location*:

Contact Details*:

Email ID:

Mobile No.: