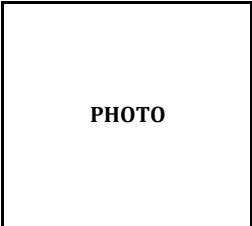




SHRI SHIKSHAYATAN COLLEGE
11, LORD SINHA ROAD
KOLKATA - 700 071

Form No.: SSC/2014/____/____
ENROLMENT YEAR: 20__

APPLICATION-CUM-REGISTRATION FORM FOR FOREIGN LANGUAGE COURSES



* Complete the form CAPITAL LETTERS only
** Please tick in appropriate box

Course Name : 1. Chinese 2. German 3. French Full Signature of applicant

Applicant Name:

Mobile No: Phone No :(STD)

E-mail Address:

Stream: Year: 1st 2nd 3rd

College Roll No.:

Guardian's Name:

Guardian's Mobile No: Guardians E-mail :

Address:

City:

District:

State: Pin Code:

Country:

Date: Full Signature of Applicant with Date

.....For office use only.....

Form Received on Co-ordinator's Signature _____

.....For office use (During Admission only).....

Fees Paid at Time of Admission: D.D. No. Date

Issuing Bank Money Receipt No.: