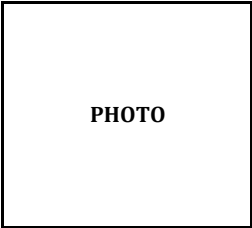




**SHRI SHIKSHAYATAN COLLEGE**  
**11, LORD SINHA ROAD**  
**KOLKATA - 700 071**

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.: