

(RE-REGISTRATION FORM)

Re-Registration for Semester 4
Enrollment No A91700218041
Name MS AINDRI HAZRA
Program M.Sc. (BT)
Batch 2018-2020
Date of Birth 29/08/1997
E-Mail ID NA



Contact Address 72, B.L.GHOSH ROAD, ARIADAHA

Pin code KOLKATA(West Bengal)

Phone 700057

Mobile 9051544628

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Father's Name NA

Parmanent Address DILIP HAZRA

VILL+P.O.- BASUDEBPUR

Pin code EAST MIDNAPUR(West Bengal)

Phone 721452

Mobile 9051544628

Fax NA

Place of stay during this Semester (Non-Hostellers)

With Parents

Address 201 Shyamali Apartment Ariadaha

City Kolkata

Pin 700057

Telephone 9051544628

Mobile

E-mail

Date of payment of fees and fee receipt number : _____

Are You staying in hostel _____ If Yes, Room

No. _____

Are you having any evaluation pending for the previous semester

If yes, mention the course(s) and reasons for it _____

I understand that my registration for the Semester mentioned above is provisional and it will stand cancelled in case I do not fulfill the requirements for promotion to the same as per the academic regulation.I also certify that I do not have any payment of dues and I have met all academic deadlines till now

Date : _____

(Signature of the Student)

((Name & Signature of the Verifying Faculty))