

# UNIVERSITY OF KALYANI

059007



## Application for Registration

[ Vide U. Ord. 6 (Regn.) (2) and U. Ord. 7 (Regn.) (2)]  
(to be filled in by the students in his / her own hand)

To  
The Controller of Examinations  
University of Kalyani  
Kalyani, West Bengal.

### STATEMENT OF PARTICULARS

NAME OF THE COURSE

(to which admitted)

COLLEGE NAME

COLLEGE CODE

NAME OF THE STUDENT

( in block letters)

MALE / FEMALE

( write M or F)

S.C. / S.T. /O.B.C.

NAME OF FATHER

NAME OF MOTHER

DATE OF BIRTH

DATE OF ADMISSION

SESSION

PERMANENT ADDRESS

PIN

P.T.O.

