## Specimen copy of the format Student Information Form শিস্থার্থীর তথ্য ফর্ম

For admission in Dr. Meghnad Saha College attached Hostel for Minority students

College's Name:	DR. MEGHNAD SAHA COLLEGE	of the Student.
District:	Uttar Dinajpur	Control of the contro
Code (UDISE Code)		
Registration No. निवसन नवत (For office		
registration 110, mage and 1101 office	5 (414 V)	
o Be Filled By The Student		
. Name /নাম		
(in Capital Letters)		
. Father Name /পিতার নাম		
(in Capital Letters)		
. Mother Name /মাতার নাম		
(in Capital Letters)		
. Date of Birth /জন্ম তারিথ		
5.Sex/निअ	Male Female	
(please tick the relevant box)	Iviale	
Year of Admission in		
Madrasah/ School		
7. Class in which reading:		
8.Date of Admission in		
Hostel:		
9. House Address /বাড়ির		
र्ठेकाना		
	Pin:	And the second processing processing the second processing the sec
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ignature of Guardian.	Signa	ture of Student.
Office Use Only	10/2	DiarvNo.
ate: / /		Place:
Signature of Principal / T.I.C.	Signature of S	uperintendent/Warden of Hostel
×	Cut Here	
	Student Copy	
Name:		