বিদ্যাদ্বীপ সাংস্কৃতিক পরিবার

A unit of VIDYADEEP Group

MEMBERSHIP APPLICATION FORM

	PEF	SONAL INFORM	ATION (PLEASE	FILL IN BLOCH	K LETTERS)	
NAME						Passport size
FATHER'S NAME						photo
MOTHER'S NAME						ाणि 'विरायि' सिंह
DATE OF BIRTH	D D M M	Y Y Y	Y SEX	(<u> </u>		वास शाकवा नियस्थित ।
NATIONALITY			RELI	GION		Signature
COMPLETE ADDRESS						
PRIC						
	STATE				PIN	
E-MAIL						
CATEGORY TICK ($$) BOX	SC	ST	OBC	GEN	ОТН	

QUALIFYING EXAMINATIONS PASSED

Examination Passed	Board/University	Reg. No & Year of passing	Marks Obtained	% of Marks
	Natila Dist			
				0790 0080

DECLARATION BY THE MEMBER

"I acknowledge to have fully read the rules & regulation that I have understood all the provisions indicated there in I certify that I am qualified for the program as indicated in the meeting. I understand that my admission is liable to be cancelled if I suppress or distort any information famished in my application. I will maintain all the rules & regulation of this institute."

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তারিখ
Examination Pass

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