



BASANTI DEVI COLLEGE

ENROLMENT FORM



ONE YEAR CERTIFICATE COURSE IN SPOKEN ENGLISH/FRENCH IN COLLABORATION WITH
RAMAKRISHNA MISSION INSTITUTE OF CULTURE, GOLPARK, KOLKATA

NAME:

Form No:

ADDRESS :

.....

.....

CONTACT NUMBER:

E-MAIL :

SUBJECT: YEAR: SESSION:

GUARDIAN'S NAME:

GUARDIAN'S CONTACT NUMBER:

*ALL THE ABOVE INFORMATIONS ARE CORRECT AND IS UNDER THE FULL KNOWLEDGE OF
THE CANDIDATE.*

SIGNATURE OF THE CANDIDATE

RECEIPT

RECEIVED A SUM OF _____ RUPEES (IN WORDS: _____)

FROM _____ FOR THE MONTHS

_____.

COURSE CO-ORDINATOR

PRINCIPAL