MIGRATION CERTIFICATE NO :- DATE :- DA		The	Education Pl	Iniversity Of Te anning And Ad LION FOR REGIS		g,	
QUALIFICATION (Graduation / Post-graduation):- NAME OF THE EXAMINATION BOARD/UNIVERSITY YEAR OF PASSING FULL MARKS OBTAINED MARKS % OF MARKS ODDANED Graduation CU 2018 800 407.00 50.57 Post-graduation CU 2020 1000 531.00 53.10 LAST UNIVERSITY ATTENDED:- CU ADHAAR NO :- 3191-5842-7804 MIGRATION CERTIFICATE NO :- DATE :- (Migration Certificate to be attached in Original) DECLARATION / UNDERTAKING b) The Statements, documents and information furnished by me are true, complete and correct in every respect. b) I have never been registered as a B. Ed. Student in any college affiliated to WBUTTEPA before submission of this application for Registration. c) In case, a candidate clears his / her Graduation and / or Postgraduation Degree through Open Distance Learning System / Distance Education Mode from any Private / State University on or after 23rd August, 2013, he / she must have got himself/heresif errotide his / her rame in any study secure, located within the territorial jurischietori of that State where the University is is situated. Otherwise their Graduation and ' or Postgraduation degree marksheets / Certificate shall not be accepted for the purpose of registration. 1) If at any stage afterwards, any information so furnished and/or any document so submitted and uploaded is found to be unture/ false/ingenuine/ fake	The Registrar, The West Bengal Univers Education Planning And / 25.2 and 25.3, Ballygung Kolkata-700019. West Be COURSE APPLIED FOR APPLICATION ID/ COLLEGE NAME - GENDER :- FEMALI DATE OF ADMISSION :: DATE OF BIRTH :- 07/O NAME OF STUDENT :- FATHER'S NAME :-	Administration c Circular Road, engal c - B.ED. COU ADM/BED/2020- GANGADHARPU E CATEGOR - 14/01/2021 07/1997 SUDESHNA SUBIR CHAKR	URSE 22/554964 UR SIKSHAN MANDII Y :- GENERAL SESSION :- 202 MOBILE NUMBER :- CHAKRABORTY ABORTY	METHOD SUBJE COLLEGE CODI R [.] PC(YES/NO) :- 0-22 9748412304 MOTHER'S 1	Se 09011 No CANE DATE SCHO FOR E NAME:- SUNAND∕	English MDATE TYPE :- OF JOINING TO OL/INSTITUTE DEPUTED :-	Fresher
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Countersigned Teacher-Incharge Platon Sudeshna Chakrabos1+y. 10/07/202 Signature of the Candidate with Date	to him/her. In such an even	it, the concerned stu	ident shall be solely resp	oonsible for this cancella	tion and the University sh	all not be responsible	
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