joined account to be true.

UNIVERSITY OF KALYANI

For Office use only	
Received Rs	CAL PRODUCTION DAY
	Registration No of
Receipt No	Q 3
Date	W W
	SUNIDSITIES
Cashier	
B. P. Ed.	Examination, 20
	S. S
(This Application must reach the Office of the Cont	roller of Examinations on or before)
- AF	PLICATION
르네 -	44
To	3
THE CONTROLLER OF EXAMINATIONS,	
UNIVERSITY OF KALYANI	
-	er.
Sir, L request permission to present myself	at the ensuing B. P. Ed. Examination
The fees as prescribed by the University	ty for the examination are forwarded herewith.
If any of the statements made	in the application is found to be not true, or if it appears that,
in the oninion of the University. I have in any	way contravened the provisions of the University Rules and
Regulations relating to the B. P. Ed. Examina	tion, my admission to the Examination will be liable to be
cancelled by the University.	
	I am
<u> </u>	Sir,
	Yours obediently,
	Signature in full
	Home Address
27 242	(Full Possal Address)
The	
-	
,	CERTIFICATE
3	EKII IOAE
I certify that the above-named Candid	ate has completed a regular course of instruction prescribed
1 1 1 Managing for the D D EA Everyingth	ion - that he/she has undergone a regular course of Fractical
cr	lended the required number of classes as prescribed by the
and this has studies that he/she has sat	duct has been good: that he/she has diligently and regularly isfactorily passed the periodical Examinations and other tests
the last of from the work done by him/he	r there is in my opinion, a reasonable probability of his no-
passing the Examination; that I know nothing	g against his/her moral character; and that I believe the sub-

Signature.....

Head of the Department of Physical Education K. U.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE

(N. E	3. —		nformation asked for below will make the admission of the le to cancellation without notice.)	
1.		e in full (in block letters)		
		ording to Registration Certificate)		
	1327	versity Registration No.	of	
		of Birth	Sex	
.4.		lame of Father		
	(p) y	lame of Mother		
		e of Guardian / Husband		
6.		Iome Address full Postal Address)		
	(b) N	lative District and Town or Village		
7,	Year	of passing B.A./ B. Sc/B. Com/		
	M.A./M.Sc./M.Com. Examination with Rolf No.			
8.	Sess	ion or Sessions during which he/sh	e prosecuted	
	regular course of study for the B. P. Ed. Course			
9.	Prese	ent Occupation		
10.	Opti	onal Subject, if any :		
11.		555	her University; if so, whether migration has been santioned letter sanctioning migration is to be quoted)	
12.		ther appeared at the same Examina	tion of any previous year(s); if so, year(s) Roll No.(s) to be	
12			Therself as a candidate for or failed to appear at or pass any	
765			occeeding the examination following the completion of his/	
			ether he/she has prosecuted a fresh course of study and has	
	unde	ignie invessal y l'invitent traming	-	
he L		20	Signature of Candidate in full	
LB:	(i)	Before submission of fees and fe	orms a candidate must satisfy himself / herself as to his / her	
(PEO)			ation. An application form submitted by a candidate who has	
		been declared ineligible for shorts	age of perceutage of attendance or for any other reasson shall	
		be cancelled.		
	(iii)	An attested copy of Registration of	certificate should be submitted along with the application for	
		verification of the spelling of nam		