



THE UNIVERSITY OF JALPAIGURI
SUPPLEMENT OF JOURNAL OF THE JALPAIGURI
 JOURNAL OF THE JALPAIGURI

NAME: _____

DATE: _____

TIME: _____

PLACE: _____

REMARKS: _____

1. Name of the institution: _____

2. Name of the person: _____

3. Name of the person: _____

4. Name of the person: _____

5. Name of the person: _____

6. Name of the person: _____

7. Name of the person: _____

8. Name of the person: _____

Sl. No.	Name of the person	Date of birth		Remarks
		DD	MM	
1	Mr. A. K. S. S.	24	10	Teacher - in-charge
2	Mr. A. K. S. S.			
3	Mr. A. K. S. S.	10	10	Teacher - in-charge
4	Mr. A. K. S. S.			
5	Mr. A. K. S. S.	10	10	Teacher - in-charge
6	Mr. A. K. S. S.			
7	Mr. A. K. S. S.			
8	Mr. A. K. S. S.			

1. Declaration - I hereby declare that the information furnished in this form is true and correct and I am not aware of any other person who has furnished any false information.

