

SPL - Phase - 1, UR - 104

Part - A



SL/NO. C/..... (EC)
B/
H/
R/



NOTE: LOSS OF IDENTITY CARD MUST BE REPORTED FORTHWITH. DUPLICATE CARD WILL BE ISSUED ON PAYMENT OF RS. 5/-

Shampa Maity

Full Signature of the Student

1. Name (Capital) SHAMPA MAITY

2. Father's/Husband's Name GOBINDA MAITY

3. Permanent Address KISMAT NUNGI META PARA, BATANAGAR, KOL-700140 Rly. Station NUNGI

4. Present Residential Address KISMAT NUNGI META PARA, BATANAGAR, KOL-700140

5. Date of Birth 12/12/2001

6. a) Subject of Study PHILOSOPHY

b) Date of Admission 27.9.2022

c) Session 2022 - 24

d) Year: 1st/2nd

e) Roll No. 33

Jr. Superintendent
Department of Philosophy
UNIVERSITY OF CALCUTTA
Alipore Campus
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Date of Issue 29/11/22

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