

ST. PETER'S COLLEGE

A unit of Dr. B. G. Memorial Trust

6/1, Sarat Chatterjee Avenue
Kolkata - 700 029

Affix
Photo Here

REGISTRATION FORM YEAR. 20

Name : _____
Father's Name : _____
Mother's Name : _____
Address : _____
Course : _____
Stream : _____
Phone No. : _____
Mobile No. : _____

Subjects :

- | | |
|----------|-----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |
| 7) _____ | 8) _____ |
| 9) _____ | 10) _____ |

Signature of the Student : _____

Date :

UNDERTAKING

That I am aware that the registration of the candidate will be affected after adhering to all the rules and regulations of the Institution read with the statutory rules and regulations as mentioned with the prospectus. All candidates must produce genuine receipts of fees paid before the office prior to payment of registration fees and only after that registration may be done.

Signature of the Student : _____ Date : _____

Print this form in A4 size paper. Fill it up and submit at the following address. Please note that Submission by email is not valid. For more details, please call the office.

Mail or physically submit at : St. Peter's College | 6/1 Sarat Chatterjee Avanie | Kolkata 700 029 | West Bengal India
[Near West bengal Public Service Commission Building] | Besides Rabindra Sarovar Stadium
Phone : 033-2466 3289 | Fax: 033-2419 6055