



# STUDENT CARE CENTRE

Kaliganj, Debiganj, Panchagarh.

PHOTO

## APPLICATION FORM FOR ADMISSION

Date: .....

To,  
The Director,  
Student Care Centre,  
Kaliganj, Debiganj, Panchagarh.

Sir,  
I would like to get my Son/Daughter/Brother/Sister.....  
Admitted to your Coaching Centre in class.....  
His/her particulars are given below for your consideration.

1. Name of the candidate (in Block Letters):.....
2. Father's Name:.....
3. Mother's Name:.....
4. Guardian's Name:.....
5. Father's Occupation:.....
6. Address: Vill:.....P.O:.....  
P.S:.....Dist:.....
7. Candidate's Mobile No:.....
8. Guardian's Mobile No:.....
8. Mother's Mobile No:.....
9. Candidate's Date of Birth:.....
10. Name and Address of the School:.....
11. Nationality: .....12: Male/Female (Tick Mark)

Signature of Father/Guardian

Signature of the Candidate

Signature of Director