



## UNIVERSITY OF CALCUTTA ADMIT

## B.A. PART-I SUPPLEMENTARY EXAMINATION-2019 (1+1+1 2009 REGULATIONS)

Name of the Candidate:

Roll & No.:

**AYAN PAIN** 

2551-26-3451

Father's/Guardian's Name:

Registration No.

JAYDEB PAIN

551-1122-3749-16

Subjects Enrolled:

**PLSG** 

Name of the College:

Examination Center: \*\*

FAKIRCHAND COLLEGE

(557)

SHIRAKOLE MAHAVIDYALAYA SHIRAKOLE

KOLE Ph: 2420-3032/8420250721



Ayan Pain

Examination Day & Date		Examination Starting Time	Subject Code ++	Paper Code	Paper Half	Number of Answer book(s) to be used	Signature of the invigilator on receipt of the answer script/s
Thursday	20/02/2020	10.00 A.M.	PLSG	1		1	

Signature of the Principal/TIC/OIC of the College with Seal	Dr. J. Dutta Gupta Controller of Examinations (Actg)
** Subject to unavoidable changes ++ In no circumstances subject/s to be altered	N.B. Please follow University Notification No. CE/ADM/18/229 Dated 04/12/2018 in www.cuexam.net for instruction of Examinee/Invigilator/Examination centre.

@ It shall be the duty of the examinee to obtain the signature of the invigilator on submission of the written answer script/s to him/her on each day/half of the examination