UMESCHANDRA COLLEGE

13, Surya Sen Street, Kolkata – 700 012
FC-129, Sector-III, Salt Lake, Kolkata – 700 106

Ref. No. 181 /SS-SM/2019-20   Date: 27.02.2020

NOTICE

It is notified to all students of 2nd Semester (Year – I) of Main Campus and Extended Campus (Salt Lake) that they are directed to meet physically with the Principal and the Superintendent of Extended Campus respectively with their Guardian and Submit the Declaration Form attached herewith as per the following schedule.

MAIN CAMPUS

Section	Room No	Time	Date
A, B, C	17, 18, 19	08.30 am	02.03.2020
D, E, F	17, 18, 19	08.30 am	03.03.2020
G, H, I	17, 18, 19	08.30 am	04.03.2020
K	17, 18, 19	08.30 am	05.03.2020

EXTENDED CAMPUS

Section	Room No	Time	Date
S/A, S/B	208	08.30 am	02.03.2020
S/C, S/D, S/G	208	08.30 am	03.03.2020

Principal
Umeschandra College

Copy to:

Principal's File,

Superintendent of Extended Campus,

Notice Board, Notice File,

UMESCHANDRA COLLEGE

Main Campus : 13, Surya Sen Street, Kolkata - 700 012
Second Campus : F.C.-129, Sector - III, Salt Lake, Kolkata - 700 106

DECLARATION BY THE PARENT / LOCAL GUARDIAN

I, _____ , parent / local guardian

of _____ studying in B. Com. _____ Year,

Sec _____ , Roll _____ hereby solemnly declare that my ward who has not appeared / qualified

in the College Test / Supplementary Examination _____ , will henceforth attend all the classes

regularly, appear in each and every College tests and examinations, and try hard to secure passmarks

in each and every paper in order to continue studying in the C.U. B. Com. course from this college.

    If my ward fails to satisfy the above conditions, Particularly more than 75% attendance, the

college authorities can take necessary action against my ward and I will accept it without any protest.

Signature of Parent / Local Guardian with Date : _____

Name in BLOCK LETTERS : _____ .

Address : _____

_____

Contact No. : _____

DECLARATION BY THE STUDENT

I, hereby solemnly declare that I shall abide by the contents of the undertaking stated above.

Signature of Student : _____

Name in BLOCK LETTERS : _____

_____ Year, Section : _____ Roll No. _____

Contact No. : _____