



Sarbabharatiya Shilpakala Parishad

Regd.- State Government

Ghola, Sodepur, Kol- 700110, Phone- 8617847889 / 9874566708

e-mail : shilpakalaparishad@gmail.com

APPLICATION FOR EXAMINATION

For the Year- 20

Registration No. : S.S.P./.....

Roll No. :

To be filled up by the Candidate

To be filled up by the Centre Holder

Name (Block letters)

Name of the Centre

Father's / Guardian's Name

Address

Address

Centre Code No

Mobile No.

Details of previous Examination of the Candidate

Date of birth (with proof)

Subject Year

Educational Qualificatin

Division

Language

Passed during the Session

Nationality

Name of the Board & Centre appeared

Particulars of Examination

Desired Subject Year

Signature of Guardian (in full)

Signature of Candidate (in full)

Stamp Signature of the Centre Holder



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ADMIT CARD

Registration No. : S.S.P./.....

Roll No. :

Sri/Smt./Kum.

Father / Guardian's name

Examination for 20.....

Subject

Year (Standard)

Name of the Centre

Code No.

Full Signature of the Candidate

Examiner's Signature
Date

Authority Signatory
Sarbabharatiya Shilpakala Parishad