Declaration of loss of Academic Year, if any, since passing 10+2 equivalent Examination

I do hereby declare that I passed 10+2 equivalent examination in the year.

a) I was registered under University and was admitted to Course.

b) [If a) is not applicable] specify the reason of year loss since passing 10+2 equivalent Examination.

NAME: ............................................................... 
FULL SIGNATURE: ........................................... RANK: ............... ROLL NO:.............. 
Date:.................................................

Copy to the:

1. Registrar, The West Bengal University of Health Sciences, DD-36, Sector-I, Salt-Lake, Kolkata-700 064.

2. Principal, College of Medicine & Sagore Dutta Hospital, Kamarhati, Kolkata-700 058.