

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.