



SL/NO. B/  
C/  
H/..... (EC)  
R/



NOTE: LOSS OF IDENTITY CARD MUST  
BE REPORTED FORTHWITH.  
DUPLICATE CARD WILL BE  
ISSUED ON PAYMENT OF RS. 5/-



Mobasserina Saradar  
Full Signature of the Student

1. Name (Capital) MOBASSERINA SARDAR
2. Father's/Husband's Name ALIM SARDAR
3. Permanent Address VILL-HANAR BATTI P.O.-DAKSHINATIJOYNAHAR P.S-JOYNAHAR DIST-SOUTH 24 PWD IN-743338  
Rly. Station JOYNAHAR
4. Present Residential Address DO
5. Date of Birth 14.07.2000
6. a) Subject of Study ARABIC  
b) Date of Admission 22.10.2021  
c) Session 2021-22  
d) Year : 1st/2nd  
e) Roll No. 61

Verified by [Signature]  
**Jr. Superintendent**  
**U.C.A.C., C.U.** Secretary  
Date of Issue 16-03-22

28/09/2024 12:45