

NETAJI SUBHAS OPEN UNIVERSITY

[UG] 20/N-10/02865



To The Controller of Examinations NETAJI SUBHAS OPEN UNIVERSITY 134/1, Meghnad Saha Sarani Kolkata - 700 029

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I would like to apply for Examination stated below. I satisfy all the conditions for this purpose under the Regulations. I undertake that I shall abide by the decision, rules, and regulations of the University. Any wrong information/non-compliance will render my candidature liable to be cancelled at any stage of the Examinations as will be decided by the University. I have also read & understood the instructions printed in back page. Details are furnished below for your consideration.

Yours faithfully

Date:												
Date:				F	ull Signatu	ere of the candidate						
	i			ATION DECEMBER FORMATION SCIENCE.								
Subject [BLIS											
Study Cent	ITRE)											
Enrolment	Number	: 2011	4031 0902	Mobile/Phone	e No. : [9832087828						
NAME : AMIT KUMAR CHOWDHURY												
Father's/Mother's/Husband's/Gurdian's Name ASHIT CHOWDHURY												
Candidate i				ers mentioned bel	low for	the Examination.						
Paper Code	Pap	er Name										
1	1 LIBRARY AND SOCIETY											
2	LIBRARY MANAGEMENT											
3	LIE	LIBRARY CLASSIFICATION THEORY										
4	LIE	LIBRARY CATALOGING THEORY										
5	REF	REFERENCE AND INFORMATION SERVICE										
6	CLASSIFICATION PRACTICE											
7	7 CATALOGING PRACTICE											
8	COM	PUTER BASIC	S AND APPLICATION									

Note: Without submission of Assignment Marks no candidate will be allowed to appear in Term-End Examination.