

UNIVERSITY OF KALYANI

Faculty of *Science*

Name ... *SUMITA PARVIN*

Father's name *Sk. Shadi Mandal*

Guardian's name *Sk. Shadi Mandal*

Address *Vill: Laskarpur, Post: Brindabanpur, Dist: Murshidabad*

Date of birth *19/01/2001*

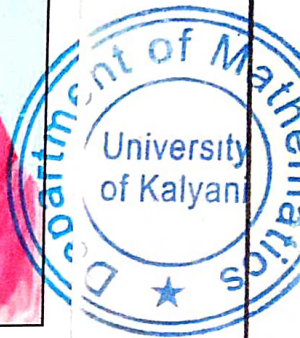
Department *Mathematics*

Class *M.Sc. 1st* Year *2022-2024*

Registration No. *049457*

Sumita parvin
Signature of Student

Photograph



ASLW
26/04/23

HEAD
Department of Mathematics
University of Kalyani
West Bengal-741005, India
Signature of Head of the Deptt.