





If already a Vidyasagar Student, Please complete the following details

Name of the course : \_\_\_\_\_

Venue : \_\_\_\_\_

Roll No. : \_\_\_\_\_

Where did you here about Vidyasagar from?

- |   |   |
|---|---|
| <input type="checkbox"/> Hoarding                         | <input type="checkbox"/> Mailer sent home         |
| <input type="checkbox"/> News paper advt.                 | <input type="checkbox"/> Friends / relatives      |
| <input type="checkbox"/> News paper insertion             | <input type="checkbox"/> Outside school / college |
| <input type="checkbox"/> Seminar                          | <input type="checkbox"/> Bookshops                |
| <input type="checkbox"/> If others, please specify: _____ |   |

**FOR OFFICE USE ONLY**

**Payment Details :**

Receipt No.	Date	Cash/Cheque	Amount	Remarks

**SPECIAL REMARKS :**

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