BIKALI COLLEGE, DHUPDHARA

GOALPARA-783123

Date:

REQUISITION FORM FOR ADD-ON/VALUE-ADDED/CERTIFICATE COURSE

To,

The Principal Bikali College, Dhupdhara, Goalpara-783123

Name of Applicant.....

Designation.....

Organising Department/Cell/Association: .....

Type of course (Add-On/Value Added/Certificate Course specify).....

Title of course.....

Coordinator.....

Instructor(s).....

Date from..... To.....

Resource Person(s)(if any).....

Fund Requirement Details (if any)

Sl No	Expenses required against	Estimated Cost

Attached: Brochure (in standard format) with complete syllabus

Signature of Applicant (Coordinator)

Signature of Head/President

Signature of IQAC Coordinator

Granted

Principal, Bikali College, Dhupdhara