

## Innovative Centre For Comparative Indian Literature & Lokaabharan Scientific Research

Official Contact number-

Register Under Govt. of India (033)2435-8057/2428-9362/(+91)8272981162
WhotsApp-(+91)8272981162
Boral Main Road, Garia, Kolkata - 700 084

Email: iccllsr01@gmail.com Email: admin@iccillsr.com Website.www.iccillsr.com

	MIGRATION	FORM		
1. Study Centre Name :				
2. Study Centre Code :				
3. Registration No. :				
4. Name of the Student in CAPITAL Letter (Leave One Blank after one word):				
5. Father's Name in the CAPITAL Letter (Leave One Blank after one word):				
6. Mother's Name in the CAPITAL Letter (Leave One Blank after one word):				
7. Correspondence Address in the CAPITAL Letter (Leave One Blank after one word):				
			$\neg$	
			Photograph of Applicant	
			<b></b>	
State Pincode Pincode				
8. Mobile No. Whatsapp No.				
9. E-mail ID :				
10. Date of Birth: D D M M Y Y Y Y 11. Gender: M F ✓ (Please Tick Mark)				
12. Nationality: ☐				
13. Category: Fill 1 for General, 2 for SC, 3 for ST, 4 for OBC, 5 for Ex-Servicemen)				
14. Centre Name				
15. Course Name				
16. Course Code				

## FEE DETAILS

Rs. 300/- to be paid though Cash / Demand Draft (DD) or Debit / Cr details:	edit Card. In case of fee paid through DD give the following
D.D. No. Date	Branch
Demand Draft of Rs. 300/- to be made in favour of "ICFCIL& ICFCL&LSR, A/c. No.: 50200076636991, RTGS / NFT IFSC In case of fee paid though Cash or Debit / Credit Card: Receipt No.	_ ·
In case of fee paid though Cash or Debit / Credit Card: Reco	eipt No.
Date	
Enclosures (Photocopy Self attested) (✔)	
Certificate of 10th Class	
Mark sheet of 12th Class	
Diploma Marksheet	
Identity Proof	

Signature of the Applicant

The application filled in by the student, along with requisite fee & copies of certificate must be submitted to respective Institution.