

**ADARSH SHIKSHAN MANDAL'S  
KONARK IDEAL COLLEGE OF SCIENCE AND COMMERCE, BHAL, KALYAN (EAST)**

**APPLICATION FOR** \_\_\_\_\_

Date: \_\_\_\_\_

**To,  
The Principal  
KONARK IDEAL COLLEGE OF SCIENCE AND COMMERCE  
BHAL, KALYAN (EAST)  
421306**

Respected Madam,

I wish to apply for \_\_\_\_\_

The same is required for \_\_\_\_\_

Purpose.

Kindly issue the same and oblige.

Thank you.  
Yours obediently,

(Signature)

**Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_ **Sem** \_\_\_\_\_

**Roll No:** \_\_\_\_\_ **E-Mail id** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

Remark of the Library/Office:

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Fees paid vide receipt no. \_\_\_\_\_ dtd \_\_\_\_\_

**Cashiers Sign :** \_\_\_\_\_