

To
The Principal / Director
All Affiliated Colleges/Institutes
MAKAUT, WB

Sub: Remedial Classes for weak students belonging to SC/ST/OBC/Minority

Ref: Notification No. 23.6/Regis/NC/2017 dated 22/06/2017

Dear Sir/ Madam

With reference to the above, the University has decided to organise the remedial classes in **Physics and Mathematics** for weak students belonging to SC/ST/OBC/Minority. In order to arrange for the same by the “**Continuing Education and Remedial Cell**” of the University, kindly provide the necessary information about your students as per the attached format to the E-mail ID of respective Liaison In-charge on or before 13/09/2017.as under.

The colleges situated in Districts	Nodal Centre	Liaison incharge from University	E-mail ID
Zone one-1 Jalpaiguri, Darjeeling, Dinajpur(North & South), Malda,Alipurduar ,Coochbehar	Siliguri Institute of Technology	Dr. Indranil Mukherjee	nodalcentrezone1makaut@gmail.com
Zone Two 2: Bankura , Birbhum Burdwan and .Purulia	B.C.Ray Engg College	Dr. Debashis De	nodalcentrezone2makaut@gmail.com
Zone Three 3:- Murshidabad, Nadia and North 24 Parganas	JIS college of Engg	Mr. Bivash Mallick	nodalcentrezone3makaut@gmail.com
Zone Four 4:- Kolkata Municipal Corporation area,Bidhan Nagar Municipal corporation area and South 24 Parganas		Dr. Madhumita Das Sarkar & Dr. Suparna Biswas	nodalcentrezone4makaut@gmail.com
Zone -5 Hooghly, Howrah, East Midnapur, & West Midnapur	Supreme Knowledge Foundation Group of Institutions, Hooghly	Dr. Santanu Phadikar	nodalcentrezone5makaut@gmail.com

On receiving the students' information from you, the other guidelines regarding remedial classes will be intimated in due course.

Thanking you,

Regards.

Sd/-
Registrar (OSD)



REGISTRATION FORM

Remedial classes for weak students belonging to SC/ST/OBC/Minority categories

University Roll No. : _____

Registration No. : _____

Name of Students : _____

Year : _____

Semester : _____

Stream : _____

Subject/course: _____

Category (SC/ST/OBC-A/OBC-B/Minority) : _____

Gender: _____

E-Mail Id: _____

Contact No. _____

College: _____

Signature: _____