



BANGLA LANGUAGE AND LITERARY SOCIETY (SINGAPORE)

বাংলা ভাষাগুয়েছ এন্ড লিটারারি সোসাইটি (সিঙ্গাপুর)

Mailing Address: P.O.Box 1112
Kent Ridge Post Office
Singapore 911104

STUDENT REGISTRATION FORM

Particulars of Student

Name: _____

Local School Information

School Name : _____

Form Teacher : _____

Address : _____

: _____

: _____

Tel. No : _____

Fax No : _____

Date of Birth : ____/____/____

IC/Birth Certificate/PP No : _____

(Attach Copy of the BC/ PP)

Sex : Male ___ Female ___

Bangla As : Not required _____

2nd Language _____

3rd language _____

Bangla Knowledge : Read+Write _____

Spoken Only _____

Enrolled Class : _____

Particulars of Parents/Guardian

Name: _____

(of the Parent/Guardian who is member of the BLLS)

Address : _____

Tel. No (H) : _____

Tel. No (O) : _____

Fax No : _____

Spouse Name : _____

IC/PP No : _____

(Attach Copy of the IC/ PP)

Nationality : _____

BLLS Membership No : _____

Residence Status _____

Occupation : _____

Relationship : Son _____

Daughter _____

Others _____

IC/PP No : _____

Nationality : _____

Occupation : _____

For Official Use

Received By : _____ Date : ____/____/____ Reg. No. : _____