

CITY COLLEGE

Affiliated to the University of Calcutta 102/1, Raja Rammohan Sarani, Kolkata – 700009 Phone: 033 2350 1565, Office: 033 2360 7463

E-mail: principal.citycollege@gmail.com Website: www.citycollegekolkata.org GST No.: 19CALC00619D1DE

Date: 29.12.2023

NOTICE

Subject: Participation in Students' Quiz Contest - Request for Nominations:

As per the Government order no 303/Admin/83/H&D/PBSSM dated 19/12/2023, our college is set to observe Students' Week from 02/01/2024 to 08/01/2024. In light of this, City College is excited to announce the organization of a Students' Quiz Contest on 02/01/2024 at 01:00 p.m. in Room Number 6 at Ground Floor.

To ensure the active involvement of our students in this event, HODs from each department are requested to nominate three student groups from the 1st, 3rd, and 5th Semesters. Each group should consist of three students from the same Semester. For those students who are unable to participate as a group, we encourage them not to be disheartened. We have arranged Prizes for an open quiz session for the audience group. This provides an excellent opportunity for individual participation.

To facilitate the organization of the event, we kindly ask you to fill up the Word file (shared with this notice) by 01.01.2024, 04:00 p.m., providing the names of the nominated student groups fromyour department through email to ccengas@citycollegekolkata.org (In case you are unable to send theemail you can also share a hard copy on 02.01.2024 within 12 noon).

Please note that students attending the audience open quiz session do not need to fill up the given form; they can join directly on the event day.

Your cooperation in making this quiz contest a success is highly appreciated. Thank you for your support.

Principal

Estal prasa chattopart

City College, Kolkata-9



Data Sheet for Students Quiz Contest 2024

City College, 102/1, Raja Rammohan Sarani, Kolkata - 700 009.

Date: 2.01.2024 Time: 1 pm

Name of the Department	Name	of	the	De	par	tme	nt:
------------------------	------	----	-----	----	-----	-----	-----

(Please provide the name and contact number of any faculty member in your department for necessary communication in case a situation arises.)

Name of the Faculty:

Contact number of the faculty:

Quiz Team Details:

		1 st Semester		
SI No	Name of the student	College Roll No	E-mail	Contact number
1				
2				
3				
		3rd Semester		
SI No	Name of the student	College Roll No	E-mail	Contact number
1				
2				
3				
		5th Semester		
SI No	Name of the student	College Roll No	E-mail	Contact number
1				
2				
3				