

Department of Education
Kaliabor College
(Affiliated to Gauhati University, UGC recognized)
P.O. - KUWARITOL - 782137: NAGAON: ASSAM

Accredited B++ by NAAC

Email: ednkaliaborcoll73@gmail.com

website: www.kaliaborcollege.org

Grievance Redressal

The department of education had received a few applications from students during the 2023-24 academic session regarding the re-arrangement of sessional examination. The students had cited different reasons for re-arranging the sessional examination because they could not appear the sessional examination conducted by the department (supporting documents attached along with this report). Therefore, the department of education re-conducted sessional examination for those students so that they can continue their study.

Aggr 08/11/2024
HoD

Head
Education Department
Kaliabor College, Nagaon



B.A. (REGULAR) CBCS SIXTH SEMESTER EXAMINATION, 2024

GRADE SHEET

Date: 22-07-2024

The following are the Grades obtained by [REDACTED] PA

Roll No. [REDACTED] Of [REDACTED] SE

at the B.A. (REGULAR) CBCS SIXTH SEMESTER

held in May 2024

PAPERS OFFERED	PC	LG (Letter Grade)	GP (Grade Point)	CP (Credit Point)
ECO-RE-6016 ECONOMIC DEVELOPMENT AND POLICY IN INDIA II	6	C	5	30
EDU-RE-6016 MENTAL HEALTH AND HYGIENE	6	AB	-	-
POL-RG-6016 PUBLIC ADMINISTRATION II	6	P	4	24
POL-SE-6014 CONFLICT AND PEACE BUILDING	4	C	5	20
TOTAL	22			74
SGPA				
RESULT	ARREAR			

Sd/-
Controller of Examination

TM=TotalMarks,MO=MarksObtained,PC= PaperCredits,GO=GradeObtained,GP=GradePoints,HP= HonourPoints

Note : Since this is a system generated Gradesheet, signature is not required. The Gradesheet may be verified in the website www.guportal.in.

ଆବଶ୍ୟକ ସ୍ଥଳେ - ସିଲ୍ଲୀ - ଆଶ୍ରମ (ଆଶ୍ରମ)
(କଲିକତା - ଆଶ୍ରମ)

ବିଷୟ :- ଆଶ୍ରମ-ଆଶ୍ରମ-ଆଶ୍ରମ-ଆଶ୍ରମ-ଆଶ୍ରମ
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ସିଲ୍ଲୀ - ଆଶ୍ରମ-ଆଶ୍ରମ-ଆଶ୍ରମ-ଆଶ୍ରମ-ଆଶ୍ରମ
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ଆଶ୍ରମ :-

ଆଶ୍ରମ :-

30.09.2024

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allowing him to appear
for his vacation



Registration No: 2024033469
Token No: 45

Name: Shri Bhargav Bhagawati
Sex/Age: 21Y / M
Department: Casualty

Registration Amount: Rs. 10

Mobile No: 9999999999

Ref: dev satria, NAGAON (ASSAM)

Date of Registration: 29/09/2024 11:29 AM

Kaliabor SDCH

Patient: NO

Patient Type: General
Unknown Patient: NO
Brought Dead Patient: NO
Brought By:

TB Screening

1. Sputum For AFB

2. TRUNAT

3. Chest X-Ray (Paview)

4. ESR



① ~~Sp. 7 to sm 1 u stat.~~
② ~~Sp. 7 to sm 7 u stat.~~
③ ~~Sp. 7 to sm 7 u stat.~~
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ସ୍ତୁତି, ଆନନ୍ଦ, କଲ୍ୟାଣ, ଅମାୟାଦୟ ନମଃ ଦେବୀମାତା
ମହୋଦୟ ।

ସିଦ୍ଧି: ନମଃ ମତେ ଅସଂଖ୍ୟାଳୟ ଶ୍ରୀମାତା ଲିଙ୍ଗିନୀ
ସାଥେ ସିଦ୍ଧି ସିଦ୍ଧିନୀ ।

ଅମାୟା,

ସ୍ବଚ୍ଛାନ୍ତ ନୃପତି ସିଦ୍ଧି ସିଦ୍ଧିନୀ ମତେ
ସିଦ୍ଧି ସିଦ୍ଧି ଅନୁଷ୍ଠାନ ସାଥେ ନିମ୍ନ ନମଃମତେ
ଅସଂଖ୍ୟାଳୟ ଶ୍ରୀମାତା ନିଧି ନିଧି ।

ନେତ୍ରେ, ନମଃ କର ସିଦ୍ଧି ସିଦ୍ଧି ଅସଂଖ୍ୟାଳୟ
ଶ୍ରୀମାତା ନିଧି ନିଧି ।

ଏହି ମହୋଦୟ ଶ୍ରୀମତା ସିଦ୍ଧି ନିଧି
ସିଦ୍ଧି ନିଧି ।

To, 2000
You are requested to look into his
prayer and to do the needful.

17/10/23

ସ୍ତୁତି

ନମଃ: ସି

ସିଦ୍ଧି ନିଧି

ନେତ୍ରେ: ଅମାୟା-ଆନନ୍ଦ

ତାରିଖ: 17/10/23

To

The HoD Education Department
Kaliabor College.

Sub:- Application for not submitting my
assignment on time.

Madam,

I state to beg that I was unable
to submit my assignment on time because
uncle passed away on 04/10/2023

So,

As my humble request to accept my
Assignment and forgive me

Your faithfully

Name :-

class :-

Roll N

Date :- 11/11/2023

gunkel
Aur

Parents' choice
Nabajyoti Saha

To,

The head of Education department Kaliabor collage
Nagaon Assam.

Sub: Application for leave of absence of sessional
Exam.

Date: 10/10/23

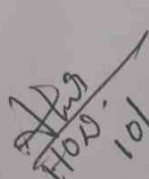
Respected maam,

With due to respect, I am Salma Aktara and
I am a student of your department. I inform you
that I am suffering from emergency medical
issues and I have got emergency surgery in
Guwahati Pratiksha Hospital. So I couldn't able to attend
the sessional exam. Now my physical activity is not
good. I am providing all medical documents.

Therefore maam I request to you to grant
me excuse my leave of absence sessional exam

Thank you

Yours faithfully


10/10/2023
Guardian Signature
Akbor Ali

Name: 

Class: 

Roll No: 

RAS

WH-207657

Patient Name BY PRATIKSHA : **MR. PANKAJ DAS**

Patient Contact

: 9957435615

Age/Gender

: 44Y/ Male

Date

: 14/10/2023

City/District

: KAMRUP RURAL

Address

: PALASHBARI



WH-207657

DM / HTN.

DEPARTMENT OF ORTHOPAEDICS UNIT OF HAND SURGEON

Dr. Sudhir Warriar, MBBS

MS (Ortho)

Hand Surgeon, Sr. Consultant

Lilavati Hospital, Mumbai

Progressive deformity in the left RF
since 5 years.

Dr. Diganta A Phukan

MS ORTHO

Chief consultant

Ph- 9435037483

Dupuytren's cords along the LRF
Early cords along the CRF
LRF flexion contracture.

Dr. Pranjal Mahanta

MS ORTHO

Chief consultant

Ph- 9864095860

Dr. Jintu Borah

MS ORTHO

Consultant

Ph- 9435196520

Early cords on
the R side
no deformity.

Adv

Dupuytren's cord excision
left RF & RF

Dr. Tofile Ahmed

MS ORTHO

Consultant

Ph- 9435119998

Dr Sukalyan Dey

Pediatric Orthopaedic

Ph- 9577059453

Pre op prep

Dr P K Bhattacharya

MS ORTHO

Visiting Consultant

2.00PM TO 6.00PM

Monday to Saturday

Ph-9854479644

Pratiksha
Hospital

Contact No. for Appointment – 7896767426/8638834754 (9.00am to 6.00pm).

RAS

BY PRATIKSHA

Name	: Miss SALMA AKTARA	Age/Gender	: 20Y 3M 20D/ Female
IPD No	: IP/23/105	IPD Date & Time	: 14/10/2023 11:45 AM
Consultant	: Dr. Diganta A Phukan MS (ORTHO)	Discharge Date	: 15/10/2023
UHID	: WH-217357	Contact No	: 9678884987
Address	: KALIABOR, BORGHULI, NAGAON		

DISCHARGE SUMMARY
(DEPARTMENT OF ORTHOPAEDICS & SPORTS MEDICINE)

Chief Consultant	Consultant	Associate Consultant	Anaesthesiologist
Dr D A Phukan MS ORTHO	Dr Tofile Ahmed MS ORTHO		Dr deepjit bhuyan
Dr Pranjal Mahanta MS ORTHO			
Dr Jintu Borah MS ORTHO			

1. DIAGNOSIS : OSTEochondroma LEFT SCAPULA
2. ADMITTING COMPLAINTS : pain and swelling in left scapula
3. BRIEF HISTORY : Patient admitted with above complain
4. TREATMENT GIVEN : Operative
5. COURSE IN THE HOSPITAL : The stay was otherwise uneventful
6. EXAMINATION : Enclosed
7. VITALS : Stable
8. BLOOD INVESTIGATIONS : Enclosed
9. OTHER INVESTIGATIONS : Enclosed
10. PROCEDURE DONE : EXCISION DONE UNDER G/A ON 14/10/2023
11. ADVICE ON DISCHARGE

1. inj : CLAVENTIA 1.5GM : Sig- 1.5 I/V 12 hourly x 3 days 0 10 6
2. inj : NETILMAC 300MG : Sig- 300MG I/V once daily x 3 days 0 3
3. Tab CITROKING HD : Sig - 1 tab once daily after food x 3 months 0 8/10/23 30

Pratiksha Hospital Compound, Barbari, Hengrabari, VIP Road, Guwahati - 781036, Assam, India
T: +91 (0) 361-7101600, 99540 93556 E: contact@corashospital.com www.corashospital.com

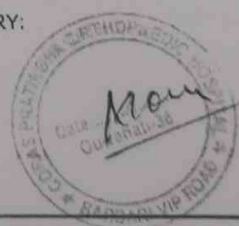
Restore Life In Motion



Final Bill/ Receipt

Bill No	: PFB23-92	Bill Date	: 15/10/2023 3:46 PM
Name	: Miss. SALMA AKTAR	Age/Gender	: 20Y 0M 0D/ Female
UHID	: WH-217357	IPD No	: IP/23/105
Consultant	: Dr. Diganta A Phukan	Admit Date & Time	: 14/10/2023 11:45 AM
Contact No	: +91 9678884987	Discharge Date & Time	: 15/10/2023 03:46 PM
Address	: KALIABOR, BORGHULI NAGAON	Patient Category	: GENERAL

Particulars	Rate	Qty	Amount	Disc	Net Amount
Bed Charges					
Room Rent (TWIN SHARING) :	4000.00	1	4000.00	-	4000.00
Resident Doctor (TWIN SHARING)	1000.00	1	1000.00	-	1000.00
Nursing Charge (TWIN SHARING)	800.00	1	800.00	-	800.00
Service Charge (TWIN SHARING)	800.00	1	800.00	-	800.00
Total for Bed Charges:					6600.00
CONSULTANT FEES					
ORTHO CONSULTATION [Date: 15/10/2023]	1500.00	1	1500.00	1500.00	0.00
Total for CONSULTANT FEES:					0.00
OPERATION					
OT CHARGE	12000.00	1	12000.00	-	12000.00
CSSD	2000.00	1	2000.00	-	2000.00
ANAESTHESIA TEAM	7000.00	1	7000.00	-	7000.00
ORTHO TEAM	30000.00	1	30000.00	1100.00	28900.00
Total:					49900.00
LABORATORY					
BIOPSY	2000.00	1	2000.00	-	2000.00
Total for LABORATORY:					2000.00
MEDICAL SERVICES					
RBS BY GLUCOMETER	100.00	1	100.00	-	100.00
MRD CHARGE	500.00	1	500.00	-	500.00
RECOVERY CHARGE	2000.00	1	2000.00	-	2000.00
DRESSING CHARGE	400.00	1	400.00	-	400.00
Total for MEDICAL SERVICES:					3000.00
OT SERVICES					
MONITOR CHARGE	2000.00	1	2000.00	-	2000.00
Total for OT SERVICES:					2000.00
Total Bill Amount:					66100.00
Less Discount:					2600.00
Net Amount:					63500.00



SNo	Pay Date	Receipt No	Mode	Ref. No	Amount
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- 4 Tab DISPERZYME : Sig - 1 tab twice daily before food x 3 weeks
5 Tab WASOLVIT Q10 : Sig - 1 tab once daily after food x 3 months
6 Tab. DOLOWIN FORTE : Sig - 1 tab twice daily after food x 10 days
7 Cap OLEZ - DSR : Sig - 1 tab once daily before food in the morning
x 1 month

8.

AFTER INJECTABLE ANTIBIOTIC

9. Tab. LINECA 600MG : Sig - 1 tab twice daily after food x 7 days
10. Tab AFECEF 500MG : Sig- 1 tab twice daily after food x 7 days

12. ADVICE

- 1) Dressing SOS (if there is soakage) in a local Hospital
- 2) Review after 14 days .with Dr. Diganta Phukan, Dr Pranjal Mahanta and Dr. Jintu Borah at CORAS Pratiksha Hospital with prior Appointment.
- 3) Physiotherapy as advised

13. SPECIAL INSTRUCTION

: In emergency (fever of 101 F. onset of new pain or worsening of previous pain, vomiting, breathing difficulty, altered level of consciousness, discharge, worsening of any symptoms and other significant concerns) Report immediately to nearest Doctor/ Hospital or reach PRATIKSHA emergency or call 94350-37483.9435196520 For next appointment contact to 7896767426.

For, *Harunif*
15/10/2023
Signature of consultant:
Dr Tofile Ahmed

For, *Harunif*
15/10/2023
Signature of chief consultant:
Dr D A Phukan (9435037483)
Dr Pranjal Mahanta
Dr Jintu Borah

In case of emergency kindly contact Pratiksha Hospital NO. 0361-7101600 and speak to the doctors on duty.
Consultant no- 7896767426. Medical report on request. Discharge summary prepared by Dr. D.A. PHUKAN

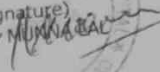
15/10/2023

CASH

Balance Amount:	63500.00
Total Payments:	63500.00
Receipt Amount:	63500.00

Remarks: DISCOUNT GIVEN AS ADVISE BY DR. D.A PHUKAN

Received with thanks: Rupees Sixty Three Thousand Five Hundred Only.

(Signature)
by 

প্রতি,

মাননীয় শিক্ষা বিভাগ সূত্রকী অফিসার
কলিকাতা অসাম্প্রদায়িক

বিষয় : — পরীক্ষার উপস্থিতি আর্থিক পরিশোধ দায়িত্ব
আদায়

অনুরোধ,

অসাম্প্রদায়িক শিক্ষা বিভাগ থেকে প্রাপ্ত কলিকাতা
অসাম্প্রদায়িক B.A. (Regular) 5th Semester - 2023 এর প্রাপ্ত
তারিখ 07/10/2023 তারিখে শ্রদ্ধা লগ্নি Sessional Education
Exam ত উপস্থিতি আর্থিক পরিশোধ। অর্থনৈতিক 06/10/2023 তারিখ
পর্যন্ত 10/10/2023 তারিখের মধ্যে Participant Consent form for
Sikkim - Gangtok Educational Tour - 2023 প্রাপ্ত।

প্রতিষ্ঠান দপ্তরে প্রাপ্ত হওয়া থেকে অবিলম্বে
ফরমেল নকলটি উক্ত অফিসে প্রেরণ করা। সঙ্গে প্রাপ্ত
প্রমাণের সাথে NOC form টা আদায়ের লগ্নি XEROX COPY দিচ্ছি।
এই প্রাপ্ত অফিসে প্রাপ্ত হওয়া জরাজীর্ণ প্রাপ্ত
প্রাপ্ত।

Forwarded.

Shy

প্রতি

আদায়ের বিষয়ে প্রাপ্ত

তারিখ : —

তারিখ : —

তারিখ : —

- 2023

তারিখ : — 2023-04-05

The Head Education Department
Kariabore College

Sub - Request for permission to Submit missed Sessional Exam.

Respected Sir / madam,

I am writing to request permission to my missed Sessional Exam. Due to unavoidable circumstances, I was unable to appear for the exam. As a student I understand the Importance of this assessment and take full responsibility for missing it.

I kindly request your Consideration to allow me to Submit the Exam at the earliest Convenience. I assure you that I am prepared to make up for the missed Session and will diligently prepare for the exam. I sincerely hope for your understanding and approval of my request. Thank you for your time and Consideration.

Yours faithfully,

Name -

class -

Roll -

will -

Phone -