



**ASSESSMENT**

**Date : 25.09.2021**

**Time : 09:30 a.m.**

**CLASS : I**

SL.NO.	FORM NO.	STUDENTS' NAME		GURDIANS' NAME
1	I/237	SHIVAYAN	SAHA	DR.ANGSHUMAN SAHA
2	I/257	AAROHI	HORE	NILADRI HORE

**Principal**