

COURSE BOOK ORDER FORM

1. Order By:

1. Name:

2. Address:

2. Send by (Please Tick): Courier By hand Post

3. If courier/post, Sending Address:

4. Paid by (Please Tick): Cash Cheque

5. If paid by bill, Bill to:

1. Name: ,

2. Address:

6. Level (Please Tick): CCM Dip CM Dip. Th

7. Name of the book: _____

| SL. | Particulars | No. Of Copies |
|-----|--------------|---------------|
| 1 | No. of Books | |
| 2. | Weekly Test | |
| 3. | Final Exams | |
| 4. | Tutor Guide | |
| 5 | Mark Sheet | |

8. Student Name:

| Sl | Name of Student | Church | (CCTB USE) Af./Non Af. | CCTB use (Tk) |
|----|-----------------|--------|------------------------|---------------|
| 01 | | | | |
| 02 | | | | |
| 03 | | | | |
| 04 | | | | |
| 05 | | | | |
| 06 | | | | |
| 07 | | | | |
| 08 | | | | |
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| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| | | | Total: | |

Recipient: _____

Date: _____

Signature of Faculty: _____

Date: _____

If paid by Cheque, Charge for Cheque (CCTB use): _____

Mailing Date: _____ Signature: _____ Amount: _____

Billing Date: _____ Signature: _____ Amount: _____