



Raja Peary Mohan College
1, Acharya Dhruva Pal Road, Hoogly, Uttarpura Kotrung, West Bengal 712258
Tel No-033 2663 0881/0191

Provisional Admission Form for 1st year, Session 2017-18

Appl Form No: **RPM21710704**

Name of the Applicant: **SUDAKSHINA DAS**

Caste: OBC-B

Gender: Female

Physically Challenged: No



Stream: **Science**

Category: **General**

Physics (G)-Mathematics (G)-Chemistry Merit Point:337 (G)

Date of Birth: 16/05/99

Religion: Hindu

Nationality: Indian

Sudakshina Das

Blood Group:

Aadhar Card No: 687725005939

Father: MANOJ KUMAR DAS

Mother: ANJALI DAS

Guardian: MANOJ KUMAR DAS

Annual Income: 150000

Occupation of Guardian: Service

Ration Card Category: APL

Permanent Address:
SONALI APPARTMENT, NONADANGA ROAD,
SHEORAPHULI, HOOGHLY, 712223

Residential Address :
SONALI APPARTMENT, NONADANGA ROAD,
SHEORAPHULI, HOOGHLY, 712223

email: sudakshinadas1999@gmail.co Phone: 9748656515
m

Guardian: 9830170372

Rly Concession: Yes

Nearby Rly Stn: SHEORAPHULI NSS: No

Your Qualifying Examination Details

HS Exam Name: ISC

Year of Pass: 2017

Board/ Council: Council For The Indian School Certificate Examinations

Roll No: 5966762

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	81	81.00	Bengali	100	82	82.00
Mathematics	100	85	85.00	Physics	100	89	89.00
Chemistry	100	81	81.00	Biology	100	80	80.00

DECLARATION OF THE APPLICANT

- (a) All the statements in the application are true and correct. If any of those found to be not true or if it appears that (in the opinion of the college) I have in any way contravened the provision of the College and Regulations, my admission will be liable to be cancelled
(b) If I fail to attend the college within ten days of the date of commencement of classes without satisfactory ground and proper information, the college will have every right to strike off my name from the college attendance registers for the students.
(c) I also vow to attend 75% of the total classes in each subject as per University norms.

DECLARATION OF THE GUARDIAN

I shall be prepared to remove my ward from the college whenever the College Authority considers it necessary in the interest of discipline of general welfare of the institution. Further, I give the assurance that my ward will obey the rules and regulations framed by the College Authority from time to time.

Signature of the Guardian with date

Signature of the Applicant with date

For Office Use Only			
Roll No:	Section:	Ackd No:	Student Id No:
Order of Principal	Verified By	Date	

Make a fresh submission in case of errors. Use the Challan having form no of the correct application