

Raja Peary Mohan College

1, Acharya Dhruba Pal Road, Hoogly, Uttarpara Kotrung, West Bengal 712258

Tel No-033 2663 0881/0191 Provisional Admission Form for 1st year, Session 2017-18 Appl Form No: RPM21710706 Name of the Applicant: ROUNAK NANDI Caste:General Physically Challenged: No Gender:Male Stream: Science Category: General Physics (G)-Mathematics (G)-Computer Merit Point:268 Science (G) Date of Birth: 07/06/99 Religion:Hindu Nationality:Indian Rounak Nandi Blood Group: O+ Aadhar Card No:280900396590 Father: SANJOY NANDI Mother: MONALISA NANDI Guardian: SANJOY NANDI Annual Income: 15000 Occupation of Guardian: Service Ration Card Category: APL Permanent Address: Residential Address: MAKHLA 2 NO GOVT. COLONY MAKHLA 2 NO GOVT. COLONY email:NANDIROUNAK4@GMAIL.CO Phone: 8902186811 Guardian: 9804261990 Rly Concession: No Nearby Rly Stn: UTTARPARA NSS: No Your Qualifying Examination Details HS Exam Name: Higher Secondary Year of Pass: 2017 Board/ Council: West Bengal Council Of Higher Secondary Education Roll No: 2113111133

Subject Name		Marks Obtained		Subject Name	Full Marks	Marks Obtained	%
English	100	73	73.00	Bengali	100	74	74.00
Biology	100	70	70.00	Physics	100	51	51.00
Mathematics	100	42	42.00	Chemistry	100	35	35.00

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

Signature of the Guardian with date

Order of Principal

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.

For Office Use Only								
Roll No:	Section:	Ackd No:	Student Id No:					

Verified By

Signature of the Applicant with date

Date