

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: RPM21710724 Name of the Applicant: MANOJIT PAL

Caste:General Gender:Male Physically Challenged: No

Stream: Commerce Category: General

BCOM - GENL Merit Point:245



Date of Birth: 01/06/99 Religion:Hindu Nationality:Indian

Blood Group: Aadhar Card No:372526377783

Father: KHAGENDRA NATH PAL Mother: MOUSUMI PAL Guardian: KHAGENDRA NATH PAL

Annual Income: 12000 Occupation of Guardian: BUISNESS Ration Card Category: APL

Permanent Address: Residential Address:

NARUA PANCHANAN TALA, CHANDANNAGAR, NARUA PANCHANAN TALA, CHANDANNAGAR,

HOOGHLY HOOGHLY

email:pal.manojit@yahoo.com Phone: 8240852897 Guardian: 9830045670

Rly Concession: No Nearby Rly Stn: NSS: No

CHANDANNAGAR

Your Qualifying Examination Details

HS Exam Name: Higher Secondary

Year of Pass: 2017

Board/ Council: West Bengal Council Of Higher Secondary Education

Roll No: 2102111515

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	61	61.00	Bengali	100	64	64.00
Accountancy	100	44	44.00	Commercial Law and Auditing	100	48	48.00
Costing and Taxation (CSTX)	100	65	65.00	Computer Application	100	55	55.00

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