

**Raja Peary Mohan College**

1, Acharya Dhruva Pal Road, Hoogly, Uttarpada Kotrung, West Bengal 712258

Tel No-033 2663 0881/0191

**Provisional Admission Form for 1st year, Session 2017-18**Appl Form No: **RPM21710741**Name of the Applicant: **SHREELEKHA MUKHERJEE**

Caste: General Gender: Female

Physically Challenged: No

Stream: **Arts**Category: **General****Political Science (G)-English  
(G)-Economics (G)****Merit Point:314**

Shreelekha Mukherjee

Date of Birth: 24/12/97

Religion: Hindu

Nationality: Indian

Blood Group: B+

Aadhar Card No: 276332397624

Father: UTTAM MUKHERJEE

Mother: KAKALI MUKHERJEE

Guardian: UTTAM MUKHERJEE

Annual Income: 12000

Occupation of Guardian: BUSINESS Ration Card Category: APL

Permanent Address:

71/1, S.C. AOWN ROAD, RISHRA, HOOGHLY, 712248

Residential Address :

71/1, S.C. AOWN ROAD, RISHRA, HOOGHLY, 712248

email: shreelekhamukherjee23@gmail.com Phone: 7278229410

Guardian: 7278229410

Rly Concession: Yes

Nearby Rly Stn: RISHRA

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: 211721-1039

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	83	83.00	Bengali	100	85	85.00
Biology	100	80	80.00	Mathematics	100	66	66.00
Chemistry	100	50	50.00	Physics	100	44	44.00

**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**