

**Raja Peary Mohan College**

1, Acharya Dhruva 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: **RPM21710787**Name of the Applicant: **TIYASA MALLICK**

Caste: OBC-B Gender: Female Physically Challenged: No

Stream: **Science** Category: **General****Physiology (G)-Zoology (G)-Chemistry (G) Merit Point: 325**

Tiyasa Mallick

Date of Birth: 07/04/99 Religion: Hindu Nationality: Indian

Blood Group: A+ Aadhar Card No: 579027516594

Father: TAPAS KUMAR MALLICK Mother: SWARNA MALLICK Guardian: TAPAS KUMAR MALLICK

Annual Income: 36000 Occupation of Guardian: Business Ration Card Category: APL

Permanent Address: K.B.LANE,P.O.-BURASHIBTALA,CHINSURAH,HOOGHLY	Residential Address : K.B.LANE,P.O.-BURASHIBTALA,CHINSURAH,HOOGHLY
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email: tiyasamallick9@gmail.com Phone: 8420305091 Guardian: 9432160641

Rly Concession: Yes Nearby Rly Stn: CHINSURAH 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: 2126211237

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	82	82.00	Bengali	100	86	86.00
Biology	100	85	85.00	Mathematics	100	72	72.00
Chemistry	100	60	60.00	Physics	100	46	46.00

**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**