



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: RPM21710807	Name of the Applicant: SK SAKIB		
Caste: General Gender: Male	Physically Challenged: No		No Photo Available
Stream: Commerce	Category: General		
BCOM - GENL	Merit Point: 236		

Date of Birth: 27/09/96	Religion: Islam	Nationality: Indian	No Photo Available
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Blood Group:	Aadhar Card No: 797010904167	
Father: SK ISMAIL	Mother: KHURSIDA BEGAM	Guardian: SK ISMAIL

Annual Income: 60000	Occupation of Guardian: WORKER	Ration Card Category: APL
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Permanent Address: VILL - EKSHARA, POST - CHAMRAIL, DIST - HOWRAH, PIN - 711114	Residential Address : VILL - EKSHARA, POST - CHAMRAIL, DIST - HOWRAH, PIN - 711114
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email:	Phone: 9804309605	Guardian: 9804309605
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Rly Concession: No	Nearby Rly Stn: KONA	NSS: No
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Your Qualifying Examination Details

HS Exam Name: Higher Secondary	Year of Pass: 2017
Board/ Council: West Bengal Council Of Higher Secondary Education	Roll No: 4219111010

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	53	53.00	Bengali	100	55	55.00
Accountancy	100	51	51.00	Business Studies	100	62	62.00
Commercial Law and Auditing	100	66	66.00	Computer Application	100	28	28.00

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

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