

**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: RPM21710809		Name of the Applicant: NILENDU CHAKRABORTY	
Caste: General	Gender: Male	Physically Challenged: No	
Stream: Science	Category: General		
Physics (G)-Mathematics (G)-Computer Science (G)		Merit Point: 312	
Date of Birth: 22/02/99	Religion: Hindu	Nationality: Indian	

Blood Group:	Aadhar Card No:	
Father: KRISHNENDU CHAKRABORTY	Mother: NANDINI CHAKRABORTY	Guardian: KRISHNENDU CHAKRABORTY
Annual Income: 5000	Occupation of Guardian: Self Employed	Ration Card Category: APL

Permanent Address: shastrinagar barabahera hooghly	Residential Address : shastrinagar barabahera hooghly	
email:	Phone: 9163221744	Guardian: 9163221744

Rly Concession: No	Nearby Rly Stn: konnagar	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: 2113111632

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	86	86.00	Bengali	100	67	67.00
Chemistry	100	45	45.00	Mathematics	100	84	84.00
Physics	100	70	70.00	Biology	100	72	72.00

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