

**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: **RPM21710870**Name of the Applicant: **MD JAMIL UDDIN**

Caste: General Gender: Male

Physically Challenged: No

Stream: **Commerce**Category: **General****BCOM - GENL****Merit Point:257**

Date of Birth: 02/08/96

Religion: Islam

Nationality: Indian

MD. JAMIL UDDIN

Blood Group:

Aadhar Card No:

Father: LATE MD NUR ALAM

Mother: RAFINA BIBI

Guardian: RAFINA BIBI

Annual Income: 48000

Occupation of Guardian:

Ration Card Category: APL

Permanent Address:

226, S.C.M. ROAD, BAIDYABATI, HOOGHLY - 712222

Residential Address :

226, S.C.M. ROAD, BAIDYABATI, HOOGHLY - 712222

email:

Phone: 8100988464

Guardian: 8100988464

Rly Concession: Yes

Nearby Rly Stn: SHEORAPHULI 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: 212511-1026

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	47	47.00	Bengali	100	67	67.00
Accountancy	100	44	44.00	Business Studies	100	73	73.00
Costing and Taxation (CSTX)	100	70	70.00	Computer Application	100	32	32.00

**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**