

**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: **RPM21710887**Name of the Applicant: **SOMA DEBNATH**

Caste: General Gender: Female

Physically Challenged: No

Stream: **Science**Category: **General****Physics (G)-Mathematics (G)-Chemistry Merit Point:273 (G)****No  
Photo  
Available**

Date of Birth: 08/09/00

Religion: Hindu

Nationality: Indian

**No  
Photo  
Available**

Blood Group:

Aadhar Card No:

Father: KUMAR DEBNATH

Mother: BIJOLY DEBNATH

Guardian: KUMAR DEBNATH

Annual Income: 48000

Occupation of Guardian: LABOUR

Ration Card Category: APL

Permanent Address: RAJCHANDRAPUR, NISCHINDA, GHOSHPARA, BALLY, HOWRAH-711227	Residential Address : RAJCHANDRAPUR, NISCHINDA, GHOSHPARA, BALLY, HOWRAH-711227
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email:

Phone: 7685039092

Guardian: 7685039092

Rly Concession: No

Nearby Rly Stn:

NSS: No

RAJCHANDRAPUR

**Your Qualifying Examination Details**

HS Exam Name: -

Year of Pass: -

Board/ Council: West Bengal Council Of Higher Secondary Education

Roll No: 4222211019

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	70	70.00	Bengali	100	71	71.00
Biology	100	72	72.00	Chemistry	100	56	56.00
Mathematics	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**