



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: **RPM21710900**

Name of the Applicant: **SUCHITRA RAY**

Caste: General Gender: Female

Physically Challenged: No

Stream: **Science**

Category: **General**

Botany (G)-Zoology (G)-Chemistry (G) Merit Point:298



Suchitra Ray

Date of Birth: 21/11/98

Religion: Hindu

Nationality: Indian

Blood Group:

Aadhar Card No:

Father: RATHIN RAY

Mother: SUPARNA RAY

Guardian: RATHIN RAY

Annual Income: 120000

Occupation of Guardian: retired

Ration Card Category: APL

Permanent Address:
41/A HRIDAY KRISHNA BANERJEE LANE
KADAMTALA HOWRAH 711101

Residential Address :
41/A HRIDAY KRISHNA BANERJEE LANE
KADAMTALA HOWRAH 711101

email: suchitray21@gmail.com

Phone: 9903039364

Guardian: 9433143996

Rly Concession: No

Nearby Rly Stn: DASNAGAR

NSS: No

Your Qualifying Examination Details

HS Exam Name: ISC

Year of Pass: 2017

Board/ Council: Council For The Indian School Certificate Examinations

Roll No: 5838865

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	87	87.00	Bengali	100	90	90.00
Biology	100	62	62.00	Physics	100	59	59.00
Mathematics	100	57	57.00	Chemistry	100	48	48.00

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