

**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 2017-18Appl Form No: **RPM21710924**Name of the Applicant: **OINDRILA SOM**

Caste: General Gender: Female

Physically Challenged: No

Stream: **Science**Category: **General****Botany (G)-Zoology (G)-Physiology (G) Merit Point:298**

Date of Birth: 07/04/99

Religion: Hindu

Nationality: Indian

Oindrila Som

Blood Group: O+

Aadhar Card No: 537102947395

Father: BISWAJIT SOM

Mother: NILIMA SOM

Guardian: BISWAJIT SOM

Annual Income: 800000

Occupation of Guardian: Service

Ration Card Category: APL

Permanent Address:
2/45, NISCHINDA WEST, GHOSHPARA, BALLY,
HOWRAH -711227Residential Address :
2/45, NISCHINDA WEST, GHOSHPARA, BALLY,
HOWRAH -711227

email:

Phone: 9804220704

Guardian: 9836094807

Rly Concession: Yes

Nearby Rly Stn: BALLY HALT

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: 2113211102

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	92	92.00	Bengali	100	76	76.00
Chemistry	100	65	65.00	Mathematics	100	65	65.00
Physics	100	60	60.00	Biology	100	65	65.00

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:
Order of Principal	Verified By	Date

Student Id No:

Date

Make a fresh submission in case of errors. Use the Challan having form no of the correct application