



**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: <b>RPM21711014</b>		Name of the Applicant: <b>RIYA DEBNATH</b>	
Caste: General	Gender: Female	Physically Challenged: No	
Stream: <b>Commerce</b>	Category: <b>General</b>		
<b>BCOM - GENL</b>	<b>Merit Point: 338</b>		
Date of Birth: 10/04/00	Religion: Hindu	Nationality: Indian	

Blood Group:	Aadhar Card No:	
Father: BALARAM DEBNATH	Mother: JAYANTY DEBNATH	Guardian: BALARAM DEBNATH
Annual Income: 60000	Occupation of Guardian:	Ration Card Category: APL
Permanent Address: TALPUKUR PROMODPALLY, SERAMPORE, HOOGHLY		Residential Address : TALPUKUR PROMODPALLY, SERAMPORE, HOOGHLY
email:	Phone: 8296311990	Guardian: 8296311990
Rly Concession: Yes	Nearby Rly Stn:	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: 212521-1063			
Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	60	60.00	Bengali	100	70	70.00
Accountancy	100	82	82.00	Business Studies	100	86	86.00
Costing and Taxation (CSTX)	100	84	84.00	Commercial Law and Auditing	100	86	86.00

**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

<b>For Office Use Only</b>			
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**