



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: RPM21711102		Name of the Applicant: SUJATA DEY	
Caste: OBC-B	Gender: Female	Physically Challenged: No	
Stream: Science		Category: General	
Physiology (G)-Zoology (G)-Chemistry (G)		Merit Point: 275	
Date of Birth: 14/11/99	Religion: Hindu	Nationality: Indian	
Blood Group: O+		Aadhar Card No: 634187722283	
Father: TAPAS DEY	Mother: KAKALI DEY	Guardian: TAPAS DEY	
Annual Income: 60000	Occupation of Guardian: BUSINESS		Ration Card Category: APL
Permanent Address: VILL + POST - BEGAMPUR PS- CHANDITALA DIST - HOOGHLY PIN - 712306		Residential Address : VILL + POST - BEGAMPUR PS- CHANDITALA DIST - HOOGHLY PIN - 712306	
email:	Phone: 9679831944	Guardian: 9679831944	
Rly Concession: No	Nearby Rly Stn: BEGAMPUR	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: 2105211746			
Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	67	67.00	Bengali	100	71	71.00
Biology	100	50	50.00	Chemistry	100	48	48.00
Nutrition	100	57	57.00	Computer Application	100	80	80.00

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