

**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: **RPM21711109**Name of the Applicant: **SUJAN DAS**

Caste: General Gender: Male

Physically Challenged: No

Stream: **Science**Category: **General****Botany (G)-Zoology (G)-Chemistry (G) Merit Point:223**

Date of Birth: 09/03/99

Religion: Hindu

Nationality: Indian

Blood Group:

Aadhar Card No:

Father: SHYAMA PADA DAS

Mother: BANDANA DAS

Guardian: SHYAMA PADA DAS

Annual Income: 60000

Occupation of Guardian: Self
Employed

Ration Card Category: APL

Permanent Address:
41, DEY BAGAN LANE, P.O. P.S. SERAMPORE,
DIST. HOOGHLYResidential Address :
41, DEY BAGAN LANE, P.O. P.S. SERAMPORE,
DIST. HOOGHLY

email: dassujan233@gmail.com

Phone: 9062087253

Guardian: 9062087253

Rly Concession: No

Nearby Rly Stn: SERAMPORE 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: 2110111412

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	51	51.00	Bengali	100	64	64.00
Chemistry	100	50	50.00	Mathematics	100	48	48.00
Physics	100	41	41.00	Biology	100	58	58.00

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