

Raja Peary Mohan College

1, Acharya Dhruba 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: RPM21711174 Name of the Applicant: SAYAN DEY SARKAR

Caste:General Gender:Male Physically Challenged: No

Stream: Science Category: General

Botany (G)-Zoology (G)-Chemistry (G) Merit Point:300

Date of Birth: 14/11/99 Religion: Hindu Nationality: Indian Sayan day Sankar.

Blood Group: Aadhar Card No:

Father: ASIM DEY SARKAR Mother: ASIMA DEY SARKAR Guardian: ASIM DEY SARKAR

Annual Income: 8000 Occupation of Guardian: Ration Card Category: APL

Permanent Address: Residential Address :

vill+p.o-masat ps-chanditala dist-hooghly pin-712701 vill+p.o-masat ps-chanditala dist-hooghly pin-712701

email: Phone: 8967642359 Guardian: 8967642359

Rly Concession: No 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: 2116111225

Subject Name		Marks Obtained		Subject Name		Marks Obtained	%
English	100	83	83.00	Bengali	100	80	80.00
Biology	100	76	76.00	Chemistry	100	61	61.00
Physics	100	54	54.00	Mathematics	100	45	45.00

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: Sed	ction: A	ckd No:	Student Id No:					
Order of Principal	V	erified By	Date					