



Raja Peary Mohan College
1, Acharya Dhruva Pal Road, Hoogly, Uttarpada Kotrung, West Bengal 712258
Tel No-033 2663 0881/0191

Provisional Admission Form for 1st year, Session 2017-18

Appl Form No: RPM21711318		Name of the Applicant: RITTIKA CHATTERJEE	
Caste: General	Gender: Female	Physically Challenged: No	
Stream: Commerce	Category: General		
BCOM - GENL	Merit Point: 289		
Date of Birth: 21/10/98	Religion:-	Nationality: Indian	
Blood Group: O+	Aadhar Card No: 537359303620		
Father: ASHIM CHATTERJEE	Mother: RAKHI CHATTERJEE	Guardian: ASHIM CHATTERJEE	
Annual Income: 300000	Occupation of Guardian: Service	Ration Card Category: APL	
Permanent Address: 21, BAZER LANE UTTARPARA HOOGLY PIN-712258		Residential Address : 21, BAZER LANE UTTARPARA HOOGLY PIN-712258	
email: rittikachatterjee006@gmail.co m		Phone: 7278279411	Guardian: 9748418131
Rly Concession: No	Nearby Rly Stn: UTTARPARA	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: 211321-1189			
Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	73	73.00	Bengali	100	50	50.00
Accountancy	100	63	63.00	Business Studies	100	42	42.00
Costing and Taxation (CSTX)	100	71	71.00	Computer Application	100	82	82.00

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