



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: **RPM21711410**

Name of the Applicant: **TRISHITA GHOSH**

Caste: General Gender: Female

Physically Challenged: No



Stream: **Science**

Category: **General**

Physics (G)-Mathematics (G)-Chemistry Merit Point:335 (G)

Date of Birth: 18/03/99

Religion: Hindu

Nationality: Indian

Trishita Ghosh.

Blood Group: O+

Aadhar Card No: 918562046979

Father: SANKAR KUMAR GHOSH

Mother: TRIPTI GHOSH

Guardian: SANKAR KUMAR GHOSH

Annual Income: 120000

Occupation of Guardian: BUSI

Ration Card Category: APL

Permanent Address:

VILL.-MASAT,P.O.-MASAT ,DIST-HOOGHLY

Residential Address :

VILL.-MASAT,P.O.-MASAT ,DIST-HOOGHLY

email: sankarmasat@yahoo.com

Phone: 9800339690

Guardian: 9800339690

Rly Concession: Yes

Nearby Rly Stn: BARUIPARA

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: 211621-1401

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	86	86.00	Bengali	100	96	96.00
Chemistry	100	75	75.00	Mathematics	100	78	78.00
Physics	100	70	70.00	Biology	100	74	74.00

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