

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	o: RPM21711 4	40	Name of the Applicant: SUSMITA DEB CHOWDHURY						
Caste:General Gender:Female			Physically Challenged: No				N	0	
Stream: Arts			Category: General				Pho		
Political Sci (G)	ience (G)-Eng	lish (G)-H	listory Merit Po	oint:235			Avail	able	
Date of Birth: 29/01/98 Religio		Religion:	Hindu	Nationality:Ir	ndian	P P Aven	Mo hoto stable		
Blood Group:	O+		Aadhar Card No:417680320227						
Father: TARUN DEB CHOWDHURY							ardian: TARUN DEB OWDHURY		
Annual Income: 500000			Occupation of Guardian: Business Ration C			Ration Card	Card Category: APL		
Permanent A 41,RAJA PEA ROAD,UTTA	ARY MOHAN	GHLY.	Residential Address : 41,RAJA PEARY MOHAN ROAD,UTTARPARA,HOOGH			OHAN	LY.		
email:susmita	adebtina@gma	ail.com	Phone: 9831336709 Gu			Guardian: 9831336709			
Rly Concessi	on: No	Nearby F	Rly Stn: UTTARF	PARA NSS: Y	es				
			Your Qualifying	g Examination [Details				
HS Exam Name: Higher Secondary Board/ Council: West Bengal Council Of Higher Secondary Education Year of Pass: 2017 Roll No: 2113211383									
Subject Name	Full Marks	Marks Obtained	% I	Subject Name	Full N		arks btained	%	
English	100	50	50.00	Bengali	100	67	7	67.00	
Education	100	42	42.00	Philosophy	100	44		44.00	
Political Science	100	47	47.00	HMFR	100	7′	1	71.00	
(a) All the statem college) I have in (b) If I fail to atter college will have (c) I also vow to a DECLARATION (I shall be prepare	any way contravend the college with every right to strikattend 75% of the OF THE GUARDI and to remove my wif the institution.	ation are true ened the pro- nin ten days of the off my nan total classes AN ward from the	e and correct. If any covision of the College of the date of commente from the college at in each subject as percollege whenever the assurance that it	and Regulations, my encement of classes attendance registers per University norms ne College Authority	y admissi without s for the st consider	on will be liab atisfactory groudents. s it necessary	ole to be cand ound and pro of in the intere	elled oper information, the st of discipline of	
Signature of the 0			Si	gnature of the	e Applicant with date				
Roll No: Section:			For Office Use Only Ackd No:			Student Id No:			
Order of Principal				Verified By		Da	ate		