



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: **RPM21711450**

Name of the Applicant: **SAMBOW DEB BURMAN**

Caste: General Gender: Male

Physically Challenged: No



Stream: **Science**

Category: **General**

Botany (G)-Zoology (G)-Physiology (G) Merit Point:340

Date of Birth: 18/05/99

Religion: Hindu

Nationality: Indian

Sambow Deb Burman

Blood Group: O+

Aadhar Card No: 937006383773

Father: SWARUP KUMAR BURMAN Mother: MITA BURMAN

Guardian: SWARUP KUMAR BURMAN

Annual Income: 150000

Occupation of Guardian: Business

Ration Card Category: APL

Permanent Address:
2 NO RATANPUR, SINGUR

Residential Address :
2 NO RATANPUR, SINGUR

email: sambowburman18@gmail.com Phone: 9432853883

Guardian: 9432853883

Rly Concession: Yes

Nearby Rly Stn: SINGUR

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: 2130111003

Subject Name	Full Marks	Marks Obtained	%	Subject Name	Full Marks	Marks Obtained	%
English	100	85	85.00	Bengali	100	90	90.00
Biology	100	94	94.00	Chemistry	100	71	71.00
Physics	100	57	57.00	Mathematics	100	46	

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