

RABIN MUKHERJEE COLLEGE

**Parnasree Pally Behala,
Kolkata-60**

Date- 30.11.2024

NOTICE

This is to inform all the students of Semester I (Under CCF) (Batch 2024) that they have to take a print out of both the pages of the form provided in the attached pdf, fill up the form properly with all required details and submit the same on the 03rd of December, 2024, Tuesday (03.12.2024). This is required for Student Data Entry in Banglar Uchchashiksha Portal for the Academic Session 2024-25. **It Is Mandatory For All Students To Submit The Form On The Above Mentioned Date from 5:30 - 6:30pm.**

The forms will be collected the below mentioned counters :-

Course of Study	Submission Counter
4 year B.Com	SEMINAR
3 year B.Com	2B
4 year. B.A	2A
3 year. B.A	2A

By Order

Data Capturing Format for Student Profile in Rabin Mukherjee College

Basic details

1. Do you have Banglar Shiksha Student ID: YES () NO ()

(If YES) Banglar Shiksha Student ID:

2. Name**:

a. First Name:

b. Middle Name:

c. Last Name:

3. Date of Birth**:

4. Gender** : MALE () FEMALE () OTHER () NOT DISCLOSE ()

5. Social Category** : UR () EWS () SC () ST () OBC-A () OBC-B ()

6. Religion** : Hinduism () Islam () Christianity () Buddhism () Jainism () Parsi () Jews () Sikhism () Yehudi ()

Sari dharm () Sama dharam, () others ()

7. Whether BPL: YES () NO ()

8. Blood Group: A+ () A- () B+ () B- () AB+ () AB- () O+ () O- () RARE () NOT DISCLOSED ()

9. Nationality**:

(If INDIA)

10. Aadhaar No.

11. Mobile No**:

12. Email Id**:

13. Whether Student Is Specially Abled: YES () NO ()

(If YES ()

14. Disability Type *:

a. ACID ATTACK VICTIM

b. AUTISM SPECTRUM DISORDER

c. BLINDNESS

d. CEREBRAL PALSY

e. CHRONIC NEUROLOGICAL CONDITION

f. DWA[CPISM

g. HEARING IMPAIRMENT (DEAF AND HARD OF HEARING)

h. HEMOPHILIA

i. INTELLECTUAL DISABILITY

j. LEPROSY CURED PERSONS

k. LOCOMOTOR DISABILITY

l. LOW-VISION

m. MENTAL ILLNESS

n. MULTIPLE DISABILITIES INCLUDING DEAF BLINDNESS

o. MULTIPLE SCLEROSIS

p. MUSCULAR DYSPRONIA

q. OTHERS

r. PERKINSONS DISEASE

s. SICKLE CELL DISEASE

t. SPECIFIC LEARNING DISABILITIES

u. SPEECH AND LANGUAGE DISABILITY

v. THALASSEMIA

Family Details

15. Father's Name**:

a. Father's First Name:

b. Father's Middle Name:

c. Father's Last Name:

16. Father's Mobile No:

17. Father's Profession:

18. Father's Educational Qualification:

19. Mother's Name:

a. Mother's First Name:

b. Mother's Middle Name:

c. Mother's Last Name:

20. Mother's Mobile No:

21. Mother's Profession:



22. Mother's Educational Qualification

23. Guardian's Name:

a. Guardian's First Name:

b. Guardian's Middle Name:

c. Guardian's Last Name

24. Relation with Guardian:

25. Guardian Mobile No:

26. Guardian Email ID:

27. Student Annual Family Income:

Address Details

Present Address

28. Address Line*:

29. Country*:

30. State*:

31. District*:

32. PIN:

33. PO:

34. PS:

35. Block/Municipality/Corporation:

Whether Permanent Address same as Present Address

Permanent Address

36. Address Line*:

37. State*:

38. Country*:

39. District*:

40. PIN:

41. PO:

42. PS:

43. Block/Municipality/Corporation:

PRESENT COURSE OF STUDY DETAILS:

44. Course Type** (Regular, Distance)

45. Program Level** (Others, Post Doctoral, PHD, MPhil, Certificate, Diploma, UG, PG)

46. Program Category** (B.A., B.Sc., B.Com. etc)

47. Discipline/Subject**:

48. Medium Of Instruction*:

(If Program Category Selected as Others, Post Doctoral, MPhil, Certificate, Diploma, UG, PG)

SCHOLARSHIP DETAILS

49. Whether applied for SVMCM?

50. Whether applied for K2?

51. Whether applied for K3

52. Whether applied for K3?

53. Whether applied for Aikyasree?

54. Whether applied for Oasis?

55. Whether applied for Other Scholarship?

56. Whether applied for Student Credit Card?

57. College/ University Student Id -

Full Signature with Date

