

Chanchal College

Chanchal, Malda, W.B. Affiliated By University of Gour Banga

Application Form	m No : CC2000409	Nam	ne of the Applica	nt :				
Application Stat	us :	Pha	se :					
For Office Use Only								
Roll No:	Section:	Acko	l No:	Student Id No	:			
Order of Princip	bal	Verit	ied By	Date				
PWD:		Mob	ile: Date of Birt	h:				
Blood Group:	Adhar: Sport: EWS:							
	A	pplication	Status					
Streams	Types	Combination	n		Merit			
Father: Mother:		ther:	Guardian Name:					
Annual Income:	Guardian's Occupation: G	uardian Phone:						
Residential Ad	dress: Block: Dist: State:							
Email:	NCC			NSS:				
	You	Qualifying Exami	nation Details					

Roll No: || HS Stream: || Year of Passing:

Board/ Council:

Subjects Name	Full Marks	% scored	
Grand % =	Grand Total =		

DECLARATION OF THE APPLICANT

I hereby declare that all information provided herewith is correct to the best of my knowledge. My application is liable to be cancelled if, at any stage of the admission process, if any of the information provided is found to be at variance with original documents. I shall produce all the original documents at the time of admission.

Signature of the Applicant with date

Signature of the Guardian with date

Printed on 2024-04-23 16:19:36

Chanchal College Chanchal, Malda, W.B. (For Office Use Only) Receipt Copy Form Verification Office Copy Application id: CC2000409 Form No.: Applicants Name: Fathers Name:					
Applicants Name: Fathers Name:					
Applicants Name: Fathers Name:					
Honours Combination:					
General Combination:					
Registration Form No.: Registration Form Submitted On:					
Allotted Roll No.:					
Chanchal College					
Chanchal, Malda, W.B. Form Verified - Student's Copy/Provisional Identity card (Valid upto 30.06.2023)					
Application id: CC2000409 Form No.:					
Applicants Name: Fathers Name:					
Honours Combination:					
General Combination:					
Registration Form No.: Verified by:					
Allotted Roll No.:					