

## Chanchal College

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

Application Form No : CC2000443		Name o	of the Applicant :						
Application St	tatus :	Phase :	:						
		For Office Use O	nly						
Roll No:	Section:	Ackd No	o: Student	d No:					
Order of Prine	cipal	Verified	By Date						
PWD	:	Mobile:	Mobile:   Date of Birth:						
Blood Group:	Adhar:    Sport:    EWS:								
	Application Status								
	· · · · · · · · · · · · · · · · · · ·								
Streams	Types	Combination		Merit					
Father:	ather: Mother:		Guardian Name:						
Annual Income:    Guardian's Occupation:    Guardian Phone:									
Residential A	Address:    Block:    Dist:    State	:							
Email:	NCO	D:	NSS:						
	You	ur Qualifying Examinat	tion Details						
Roll No:    HS	S 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

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	Chanchal College				
	Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy				
	Farm Maria				
Application id: <b>CC2000443</b> Applicants Name:	Form No.: Fathers Name:				
Honours Combination:	<u>.</u>				
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: CC2000443	Form No.:				
Applicants Name:	Fathers Name:				
Honours Combination:					
General Combination:					
Registration Form No.:	Verified by:				
Allotted Roll No.:					