

Chanchal College

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

Application Form No : CC2000499			Name of the Applic	cant :				
Application Status :			Phase :					
For Office Use Only								
Roll No:	Section:		Ackd No:	Student Id No	:			
Order of Princip	bal		Verified By	Date				
PWD:			Mobile: Date of Bi	irth:				
Blood Group:	Adhar: Sport: EWS:							
Application Status								
		1 1						
Streams	Types	Comb	ination		Merit			
Father: Mother:		ther:		Guardian Name:	·			
Annual Income: Guardian's Occupation: Guardian Phone:								
Residential Ad	dress: Block: Dist: State:							
Email:	NCC	:		NSS:				
Your Qualifying Examination 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

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	Chanchal College	I			
	Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy				
Application id: CC2000499 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: CC2000499	Form No.:				
Applicants Name:	Fathers Name:				
Honours Combination:					
General Combination:					
Registration Form No.:	Verified by:				
Allotted Roll No.:					