

Chanchal College

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

Application Form	m No : CC2000634	Name of	f the Applicant :					
Application Stat	us :	Phase :						
For Office Use Only								
Roll No:	Section:	Ackd No	: Student Id N	0:				
Order of Princip	pal	Verified	By Date					
PWD:		Mobile:	Date of Birth:					
Blood Group: Adhar: Sport: EWS:								
Application Status								
Streams	Types	Combination		Merit				
Father: Mother:		ner:	Guardian Name:					
Annual Income: Guardian's Occupation: Guardian Phone:								
Residential Address: Block: Dist: State:								
Email:	NCC:		NSS:					
	Your	Qualifying Examinati	on 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			
	Chanchal College Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy			
Application id: CC2000634	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combinatior	<u>1:</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: CC2000634	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combination:				
General Combination				
Registration Form No.:	Verified by:			
Allotted Roll No.:				