

Chanchal College

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

Application Form No : CC2000661			Name of the Applicant :						
Application Sta	itus :		Phase :						
For Office Use Only									
Roll No:	Section:		Ackd No:	Student Id No	:				
Order of Princi	pal		Verified By	Date					
PWD:			Mobile: Date of	Birth:					
Blood Group:	Blood Group: Adhar: Sport: EWS:								
Application Status									
		, , p p ,							
Streams	Types		Combination		Merit				
Father:		Mother:		Guardian Name:					
Annual Income: Guardian's Occupation: Guardian Phone:									
Residential Ac	ddress: 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

Printed on 2024-04-26 00:19:21

Chanchal College						
Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy						
Application id: CC2000661	Form No.:					
Applicants Name:	Fathers Name:					
Honours Combination	<u>1:</u>					
General Combination:						
Registration Form No.:	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: CC2000661	Form No.:					
Applicants Name:	Fathers Name:					
Honours Combination:						
General Combination:	<u>.</u>					
Registration Form No.:	Verified by:					
Allotted Roll No.:						