

Chanchal College

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

Application Form	m No : CC2000715	Nam	e of the Applica	nt :				
Application Stat	tus :	Pha	se :					
For Office Use Only								
Roll No:	Section:	Acko	No:	Student Id No	:			
Order of Princip	bal	Verif	ied By	Date				
PWD:		Mob	ile: Date of Birt	h:				
Blood Group:	Adhar: Sport: EWS:							
Application Status								
Streams	Types	Combination	Ì		Merit			
Father:	ather: Mother:		Guardian Name:					
Annual Income:	Guardian's Occupation: G	uardian 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

Printed on 2024-04-27 02:38:28

Chanabal Callaga						
Chanchal College Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy						
Application id: CC2000715 Applicants Name:	Form No.: 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: CC2000715	Form No.:					
Applicants Name:	Fathers Name:					
Honours Combination:						
General Combination:						
Registration Form No.:	Verified by:					
Allotted Roll No.:						