PROVISIONAL ADMISSION FOR FIRST YEAR, SESSION 2023-24



Chanchal College

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

Application Form No : CC2000/19		Name of the Applic	ant.	
Application Status :		Phase :		
		For Office Use Only		
Roll No:	Section:	Ackd No:	Student Id No:	
Order of Bringi	nal	Varified By	Data	
Order of Principal		Verified By	Date	
PWD:		Mobile: Date of Bi	Mobile: Date of Birth:	
Blood Group:	Adhar: Sport: EWS:			
		Application Status		
Application Status				
	7			
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Streams	Types	Combination	Merit	
Streams Father:	Types	Combination Mother:	Guardian Name:	
Father:	Types : Guardian's Occupation	Mother:		
Father: Annual Income	<u> </u>	Mother: n: Guardian Phone:		
Father: Annual Income	: Guardian's Occupatio	Mother: n: Guardian Phone:		
Father: Annual Income Residential Ad	: Guardian's Occupatio	Mother: n: Guardian Phone: State:	Guardian Name: NSS:	
Father: Annual Income Residential Ad Email:	: Guardian's Occupatio	Mother: n: Guardian Phone: State: NCC: Your Qualifying Examination Details	Guardian Name: NSS:	
Father: Annual Income Residential Ad Email:	: Guardian's Occupation dress: Block: Dist: S Stream: Year of Passi	Mother: n: Guardian Phone: State: NCC: Your Qualifying Examination Details	Guardian Name: NSS:	
Father: Annual Income Residential Ad Email: Roll No: HS	: Guardian's Occupation dress: Block: Dist: S Stream: Year of Passi	Mother: n: Guardian Phone: State: NCC: Your Qualifying Examination Details	Guardian Name: NSS:	

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 2024-04-25 11:57:17

Chanchal College

Chanchal, Malda, W.B. (For Office Use Only) Receipt Copy Form Verification Office Copy

Application id: CC2000719	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combination	<u>1:</u>			
General Combination	<u>:</u>			
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: CC2000719	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combination:				
General Combination:				
Registration Form No.:	Verified by:			
Allotted Roll No.:				