PROVISIONAL ADMISSION FOR FIRST YEAR, SESSION 2023-24



Chanchal College

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

Application Form No : CC2000772		Name of the Applic	ant:			
Application Sta	tus:	Phase :				
		For Office Use Only				
Roll No:	Section:	Ackd No:	Student Id No:			
Order of Princi	pal	Verified By	Date			
PWD:		Mobile: Date of Bi	rth:			
Blood Group:	Adhar: Sport: EWS:					
Application Status						
Streams	Types	Combination	Merit			
Father:		Mother:	Guardian Name:	_		
Annual Income	: Guardian's Occupatio	n: Guardian Phone:				
	: Guardian's Occupatio dress: Block: Dist: \$					
			NSS:			
Residential Ad		State:	NSS:			
Residential Ad Email:		State: NCC: Your Qualifying Examination Details	NSS:			
Residential Ad Email:	Idress: Block: Dist: S	State: NCC: Your Qualifying Examination Details	NSS:			
Residential Ad Email: Roll No: HS	Idress: Block: Dist: S	State: NCC: Your Qualifying Examination Details	NSS: % scored			

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 2024-04-18 07:10:19

Chanchal College

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

Application id: CC2000772	Form No.:				
Applicants Name:	Fathers Name:				
Honours Combination	<u>n:</u>				
General Combinatio	<u>1:</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: CC2000772	Form No.:				
Applicants Name:	Fathers Name:				
Honours Combination	<u>n:</u>				
General Combinatio	<u>1:</u>				
Registration Form No.:	Verified by:				
Allotted Roll No.:					
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