

Chanchal College

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

Application For	m No : CC2000849	Name of the Appl	icant :					
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 I	Birth:					
Blood Group:	Blood Group: Adhar: Sport: EWS:							
Application Status								
Streams	Types	Combination		Merit				
Father: Mother:			Guardian Name:					
Annual Income: Guardian's Occupation: Guardian Phone:								
Residential Address: Block: Dist: State:								
Email:	NCC		NSS:					
Your Qualifying Examination Details								
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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, Malda, W.B (pr Office Use Only) Reselue Coops form Varilisation Application Id: CC2000849 Form No: Application Id: CC2000849 Fathers Name: Honours Combination: General Combination: Registration Form No: Registration Form No: <th></th> <th></th> <th></th>							
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