

Chanchal College

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

Application Form No : CC2000917		Name of the Appli	cant :				
Application Stat	tus :	Phase :					
For Office Use Only							
Roll No:	Section:	Ackd No:	Student Id No:				
Order of Princip	bal	Verified By	Date				
PWD: Mobile: Date of Birth:							
Blood Group:	Adhar: Sport: EWS:						
Application Status							
[r							
Streams	Types	Combination	Ме	rit			
Father:	Father: Mother:		Guardian Name:				
Annual Income: Guardian's Occupation: Guardian 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 2024-04-25 07:26:11

Chanchal College						
Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy						
Application id: CC2000917	Form No.:					
Applicants Name:	Fathers Name:					
Honours Combination:						
General Combination:	General Combination:					
Registration Form No.: R	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: CC2000917	Form No.:					
Applicants Name:	Fathers Name:					
Honours Combination:						
General Combination:						
Registration Form No.:	Verified by:					
Allotted Roll No.:						
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