

Chanchal College

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

Application Fo	orm No : CC2000949	Name of the Appl	icant :					
Application St	atus :	Phase :						
For Office Use Only								
Roll No:	Section:	Ackd No:	Student Id No:					
Order of Princ	cipal	Verified By	Date					
PWD:		Mobile: Date of I	Birth:					
Blood Group: Adhar: Sport: EWS:								
Application Status								
Streams	Types	Combination		Merit				
Father: Mother:		other:	Guardian Name:					
Annual Income: Guardian's Occupation: Guardian Phone:								
Residential Address: 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 2024-04-17 21:01:29

	Chanchal College						
Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy							
Application id: CC2000949	Form No.:						
Applicants Name:	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: CC2000949	Form No.:						
Applicants Name:	Fathers Name:						
Honours Combination:							
General Combination:							
Registration Form No.:	Verified by:						
Allotted Roll No.:							