

Chanchal College

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

Application Form No : CC2001013			Name of the Applicant :						
Application Sta	atus :		Phase :						
		For	Office Use Only						
Roll No:	Section:		Ackd No:	Student Id No	D:				
Order of Princ	ipal		Verified By	Date					
PWD:			Mobile: Date of Birth:						
Blood Group:	Adhar: Sport: EWS:								
	Application Status								
		'PPm							
Streams	Types	C	ombination		Merit				
				Guardian Name:					
Father: Mother:				Guarulan Name.					
Annual Income: Guardian's Occupation: Guardian Phone:									
Residential Ad	ddress: 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 2024-04-26 02:21:16

Chanchal College							
Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy							
Application id: CC2001013	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: CC2001013	Form No.:						
Applicants Name:	Fathers Name:						
Honours Combination:							
General Combination:							
Desistration Form No.	Vorified by						
Registration Form No.:	Verified by:						
Allotted Roll No.:							