

Chanchal College

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

Application For	rm No : CC2001350		Name of the App	licant :					
Application Sta	itus :		Phase :						
1			For Office Use Only						
Roll No:	Section	:	Ackd No:	Student Id No	:				
Order of Princi	pal		Verified By	Date					
PWD:			Mobile: Date of	Birth:					
Blood Group:	Adhar: Sport: EW	S:							
	Application Status								
		/\PP							
Streeme	Tunaa		Combination		Morit				
Streams	Types		Combination		Merit				
Father:		Mother:		Guardian Name:					
Annual Income	e: Guardian's Occupa	tion: Guard	ian Phone:						
Residential Ac	ddress: Block: Dist:	State:							
Email:		NCC:		NSS:					
		Your Qua	alifying Examination Deta	ils					

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 15:36:43

	Chanchal College					
	Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy					
Application id: CC2001350 Applicants Name:	Form No.: 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: CC2001350	Form No.:					
Applicants Name:	Fathers Name:					
Honours Combination:						
General Combination:						
Registration Form No.:	Verified by:					
Allotted Roll No.:						