

## Chanchal College

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

Application Form No : CC2001565		Name of the Appli	cant :				
Application Sta	itus :	Phase :					
For Office Use Only							
Roll No:	Section:	Ackd No:	Student Id No:				
Order of Princi	pal	Verified By	Date				
PWD:		Mobile:   Date of E	3irth:				
Blood Group:	Adhar:    Sport:    EWS:						
Application Status							
Streams	Types	Combination	Mer	it			
Father: Mother:		other:	Guardian Name:				
Annual Income:    Guardian's Occupation:    Guardian Phone:							
Residential Ac	ldress:    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

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Chanchal College						
	Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy					
Application id: CC2001565	Form No.:					
Applicants Name:	Fathers Name:					
Honours Combination:						
General Combination:	General Combination:					
Registration Form No.:	Registration Form Submitted On:					
Allotted Roll No.:						
	Chanchal College					
	Chanchal, Malda, W.B.					
For	m Verified - Student's Copy/Provisional Identity card (Valid upto 30.06.2023)					
Application id: CC2001565	Form No.:					
Applicants Name:	Fathers Name:					
Honours Combination:						
General Combination:						
Registration Form No.:	Verified by:					
Allotted Roll No.:						