

Chanchal College

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

Application Form No : CC2001567		Name of the App	licant :				
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						
	1	ppriodition Otatao					
Streams	Types	Combination		Merit			
			Quardian Nama				
Father:		ther:	Guardian Name:				
Annual Income: Guardian's Occupation: Guardian Phone:							
Residential Address: Block: Dist: State:							
Email:	NCC		NSS:				
	You	Qualifying Examination Detai	ils				
Roll No: HS	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: CC2001567	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combinatior	<u>):</u>			
General Combination	<u>.</u>			
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: CC2001567	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combination:				
General Combination				
Registration Form No.:	Verified by:			
Allotted Roll No.:				
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