

Chanchal College

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

Application Form No : CC2001616			Name of the Applicant :						
Application S	itatus :		Phase :						
		F	or Office Use Only						
Roll No:	Sectio	n:	Ackd No:	Student Id No	0:				
Order of Prin	cipal		Verified By	Date					
PWD:			Mobile: Date of	Birth:					
Blood Group	: Adhar: Sport: EV	/S:							
	Application Status								
		/\PP							
			• •• •						
Streams	Types		Combination		Merit				
Father: Mother:			Guardian Name:						
Annual Incom	ne: Guardian's Occup	ation: Guardia	an Phone:						
Residential A	Address: Block: Dist	: State:							
Email:		NCC:		NSS:					
		Your Qua	lifying Examination Deta	ils					
Roll No: H	S Stream: Year of Pa	issing:							

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	
(For Office Use Only) Receipt Copy Form Verification	
Application id: CC2001616 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: CC2001616 Form No.:	
Applicants Name: Fathers Name:	
Honours Combination:	
General Combination:	
Registration Form No.: Verified by:	
Allotted Roll No.:	