

Chanchal College

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

Application Form No : CC2001819		Na	Name of the Applicant :						
Application Sta	itus :	Pha	ase :						
		For Office Us	e Only						
Roll No:	Section:	Ack	d No:	Student Id No	D:				
Order of Princi	pal	Ver	ified By	Date					
PWD:		Мо	Mobile: Date of Birth:						
	Adhar: Sport: EWS:								
	Application Status								
	1	phoadon	Oldius						
Streams	Types	Combinatio	n		Merit				
Father:	Mother:		Guardian Name:						
Annual Income	: Guardian's Occupation: G	Guardian Phone:							
Residential Ac	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 18:15:56

	Chanchal College						
Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy							
Application id: CC2001819	Form No.:						
Applicants Name:	Fathers Name:						
Honours Combination:							
General Combination:							
Registration Form No.: Re	gistration 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: CC2001819	Form No.:						
Applicants Name:	Fathers Name:						
Honours Combination:							
General Combination:							
Registration Form No.:	Verified by:						
Allotted Roll No.:							