

Chanchal College

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

Application Form No : CC2001829			Name of the Appli	cant :			
Application Status :			Phase :				
		Fo	r Office Use Only				
Roll No:	Section:		Ackd No:	Student Id No	÷		
Order of Princi	pal		Verified By	Date			
			Mobile: Date of E	Birth:			
Blood Group:	Adhar: Sport: EWS:						
Application Status							
		P Pn					
Streams	Types		Combination		Merit		
Streams			Jonibination				
Father: Mother:		other:	Guardian Name:				
Annual Income: Guardian's Occupation: Guardian Phone:							
Residential Address: 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 2024-04-27 04:54:15

Chanchal College					
Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy					
Form No.:					
Fathers Name:					
General Combination:					
n 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)					
Form No.:					
Fathers Name:					
Honours Combination:					
Verified by:					