

Chanchal College

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

| Application Form No : CC2001899 | | | Name of the Applic | cant : | | | |
|-------------------------------------------------------------|-------------------------------------|-------|---------------------|---------------|-------|--|--|
| Application Status : | | | Phase : | | | | |
| For Office Use Only | | | | | | | |
| Roll No: | Section: | | Ackd No: | Student Id No | : | | |
| Order of Princip | bal | | Verified By | Date | | | |
| PWD: | | | Mobile: Date of B | irth: | | | |
| Blood Group: | Adhar: Sport: EWS: | | | | | | |
| | | | | | | | |
| Application Status | | | | | | | |
| | | 1-1 | | | | | |
| Streams | Types | Con | nbination | | Merit | | |
| Father: Mother: | | ther: | Guardian Name: | | | | |
| Annual Income: Guardian's Occupation: Guardian Phone: | | | | | | | |
| Residential Ad | dress: 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 2024-04-25 19:16:16

| Applicants Name: Fathers Name: | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--|--|--|--|
| Very Head Control Verification Office Copy Very Head Head Roll No: | Chanchal College | | | | |
| Applicants Name: Fathers Name: Honours Combination: General Combination: Registration Form No:: Registration Form No:: Registration Form No:: Registration Form No:: Registration Form Submitted On: Nutered Roll No:: Chanchal College Chanchal, Malda, W.B. Form Verified - Student's Copy/Provisional Identity card (Valid upto 30.06.2023) Application id: CC2001899 Form No:: Applicants Name: Form No:: Pathers Name: Application id: CC2001899 Form No:: Pathers Name: General Combination: | (For Office Use Only) Receipt Copy Form Verification | | | | |
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