

Chanchal College

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

Application Form No : CC2001932			Name of the Appli	cant :				
Application Sta	itus :		Phase :					
For Office Use Only								
Roll No:	Section:		Ackd No:	Student Id No	:			
Order of Princi	pal		Verified By	Date				
PWD:			Mobile: Date of Birth:					
Blood Group: Adhar: Sport: EWS:								
Application Status								
Streams	Types		Combination		Merit			
Father:	Mother:			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

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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, Malda, W.B. Form Verified - Student's Copy/Provisional Identity card (Valid upto 30.06.2023)						
Form No.:						
Fathers Name:						
Honours Combination:						
Verified by:						
	Chanchal, Malda, W.B. General Conjy Chine Copy					