### PROVISIONAL ADMISSION FOR FIRST YEAR, SESSION 2023-24



## **Chanchal College**

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

| Application Form No : CC2001988   |  | Name of the Applic  | Name of the Applicant : |  |  |  |
|---|--|---|-------------------------|--|--|--|
| <b>Application Stat</b>   | us:  | Phase :   |                         |  |  |  |
| For Office Use Only   |  |   |                         |  |  |  |
| Roll No:  | Section:   | Ackd No:  | Student Id No:          |  |  |  |
| Order of Princip  | pal  | Verified By   | Date                    |  |  |  |
| PWD:  |  | Mobile:   Date of B   | irth:                   |  |  |  |
| Blood Group:  | Adhar:    Sport:    EWS:                             |   |                         |  |  |  |
|   |  |   |                         |  |  |  |
| Application Status  |  |   |                         |  |  |  |
|   |  |   |                         |  |  |  |
|   |  |   |                         |  |  |  |
| Streams   | Types  | Combination   | Merit                   |  |  |  |
| Streams Father:   | Types  | Combination  Mother:  | Guardian Name:          |  |  |  |
| Father:   | Types    Guardian's Occupation                       | Mother:   |                         |  |  |  |
| Father: Annual Income:  |  | Mother:<br>n:    Guardian Phone:  |                         |  |  |  |
| Father: Annual Income:  | Guardian's Occupation                                | Mother:<br>n:    Guardian Phone:  |                         |  |  |  |
| Father: Annual Income: Residential Add  | Guardian's Occupation                                | Mother:<br>n:    Guardian Phone:<br>State:                                    | Guardian Name:  NSS:    |  |  |  |
| Father: Annual Income: Residential Add Email:                                 | Guardian's Occupation                                | Mother: n:    Guardian Phone: State: NCC: Your Qualifying Examination Details | Guardian Name:  NSS:    |  |  |  |
| Father: Annual Income: Residential Add Email:                                 | Guardian's Occupation dress:    Block:    Dist:    S | Mother: n:    Guardian Phone: State: NCC: Your Qualifying Examination Details | Guardian Name:  NSS:    |  |  |  |
| Father: Annual Income: Residential Add Email:  Roll No:    HS 8 Board/ Counci | Guardian's Occupation dress:    Block:    Dist:    S | Mother: n:    Guardian Phone: State: NCC: Your Qualifying Examination Details | Guardian Name:  NSS:    |  |  |  |

#### **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 2024-04-20 18:33:07

## **Chanchal College**

Chanchal, Malda, W.B. (For Office Use Only) Receipt Copy Form Verification Office Copy

| Application id: CC2001988 | Form No.:  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
| Applicants Name:          | Fathers Name:  |  |  |  |  |  |
| Honours Combination       | on:  |  |  |  |  |  |
| General Combinatio        | in:  |  |  |  |  |  |
| General Combinatio        | <u>/// .</u>   |  |  |  |  |  |
| 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: CC2001988 | Form No.:  |  |  |  |  |  |
| Applicants Name:          | Fathers Name:  |  |  |  |  |  |
| Honours Combination       | on:  |  |  |  |  |  |
|                           |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |
| General Combination:      |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |
| Registration Form No.:    | Verified by:   |  |  |  |  |  |
| Allotted Roll No.:        |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |
| <del></del>               |  |  |  |  |  |  |