

Chanchal College

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

990	Name of the Appli	cant :			
	Phase :				
For Office Use Only					
Section:	Ackd No:	Student Id No	e:		
	Verified By	Date			
	Mobile: Date of B	Birth:			
: EWS:					
Application Status					
Con	nbination		Merit		
Father: Mother: Guardian Name:		·			
Annual Income: Guardian's Occupation: Guardian Phone:					
Dist: State:					
NCC:		NSS:			
Your Qualifying Examination Details					
	Section: : EWS: Applica Cor Mother: Dccupation: Guardian P Dist: State: NCC:	Phase : For Office Use Only Ackd No: Verified By Mobile: Date of B Eleves: Application Status Combination Mother: Dccupation: Guardian Phone: Dist: State: NCC:	Phase : For Office Use Only Section: Ackd No: Student Id No Verified By Date Mobile: Date of Birth: : EWS: Application Status Combination Mother: Guardian Name: Decupation: Guardian Phone: Dist: State: NCC: NSS:		

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 06:06:15

Chanchal College			
Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy			
Application id: CC2001990	Form No.:		
Applicants Name:	Fathers Name:		
Honours Combination			
	•		
General Combination:			
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: CC2001990	Form No.:		
Applicants Name:	Fathers Name:		
Honours Combination:			
	_		
General Combination:			
Registration Form No.:	Verified by:		
Allotted Roll No.:			
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