

Chanchal College

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

Application Form	m No : CC2002114	Name of the Appl	icant :			
Application Stat	tus :	Phase :				
		For Office Use Only				
Roll No:	Section:	Ackd No:	Student Id No:			
Order of Princip	bal	Verified By	Date			
PWD:		Mobile: Date of	Birth:			
Blood Group:	Adhar: Sport: EWS:					
Application Status						
Streams	Types	Combination		Merit		
Father: Mother:		other:	Guardian Name:			
Annual Income: Guardian's Occupation: Guardian Phone:						
Residential Address: Block: Dist: State:						
Email:	NCC		NSS:			
	You	r Qualifying Examination Detai	ls			

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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	Chanakal Callana			
	Chanchal College			
	Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy			
Application id: CC2002114	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combinatior	Ľ			
	<u></u>			
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: CC2002114	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combination:				
General Combination	<u>.</u>			
Registration Form No.:	Verified by:			
Allotted Roll No.:				