

Chanchal College

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

Application Form	m No : CC2002350	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 I	Birth:					
Blood Group:	Blood Group: Adhar: Sport: EWS:							
Application Status								
Streams	Types	Combination	M	erit				
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 2024-04-19 23:08:16

Application id: CC2002350 Form No.: Registration Form No: Registration Form Submitted On: Allotted Roll No: Chanchal College Chanchal College Chanchal College Chanchal College Chanchal Kently card (Valid upto 30.06.2023) Applicants Name: Form No:: Applicants Name: Fathers Name:							
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