Chanchal College

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

Application Form No : **CC2002723**	Name of the Applicant :
Application Status :	Phase :

For Office Use Only			
Roll No:	Section:	Ackd No:	Student Id No:
Order of Principal		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

Chanchal College

Chanchal, Malda, W.B.
Form Verified - Student's Copy/Provisional Identity card (Valid upto 30.06.2023)

Application id: **CC2002723**   Form No.:

Applicants Name: Fathers Name:

Honours Combination:

General Combination:

Registration Form No.:   Verified by:

Allotted Roll No.: