

## Chanchal College

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

Application For	m No : <b>CC2002725</b>	Name of the Appli	cant :				
Application Stat	tus :	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:	Blood Group:    Adhar:    Sport:    EWS:						
Application Status							
Streams	Types	Combination	Merit				
Father: Mother:		ther:	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

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Chanchal College					
	Chanchal, Malda, W.B. (For Office Use Only) Receipt Copy Form Verification Office Copy				
Application id: CC2002725	Form No.:				
Applicants Name:	Fathers Name:				
Honours Combination:					
General Combination:					
Registration Form No.: Registra	ration Form Submitted On:				
Allotted Roll No.:					
	Chanchal College				
	Chanchal, Malda, W.B.				
Form Verif	ified - Student's Copy/Provisional Identity card (Valid upto 30.06.2023)				
Application id: CC2002725	Form No.:				
Applicants Name:	Fathers Name:				
Honours Combination:					
General Combination:					
Registration Form No.:	Verified by:				
Allotted Roll No.:					