PROVISIONAL ADMISSION FOR FIRST YEAR, SESSION 2023-24



Chanchal College

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

Application Form No : CC2002779		Name of the Applic	eant:
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 B	irth:
Blood Group:	Adhar: Sport: EWS:		
		Application Status	
	1		
Streams	Types	Combination	Merit
Father:		Mother:	Guardian Name:
Annual Income	: Guardian's Occupatio	n: Guardian Phone:	
B		~	
Residential Ad	ldress: Block: Dist: \$	State:	
Email:	dress: Block: Dist: \$	NCC:	NSS:
	dress: Block: Dist: S		
Email:	dress: Block: Dist: S	NCC: Your Qualifying Examination Details	
Email:	Stream: Year of Passi	NCC: Your Qualifying Examination Details	
Email: Roll No: HS : Board/ Council	Stream: Year of Passi	NCC: Your Qualifying Examination Details	

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 2024-04-26 20:32:35

Chanchal College

Chanchal, Malda, W.B. (For Office Use Only) Receipt Copy Form Verification Office Copy

Application id: CC2002779	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combinatio	<u>on:</u>			
General Combination	<u>1:</u>			
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: CC2002779	Form No.:			
Applicants Name:	Fathers Name:			
Honours Combinatio	<u>n:</u>			
General Combination:				
Registration Form No.:	Verified by:			
Registration Form No.:	Verified by:			
Registration Form No.: Allotted Roll No.:	Verified by:			
	Verified by:			