

Chanchal College

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

Application Form No : CC2002915 Application Status :			Name of the Applicant :		
			Phase :		
		F	or Office Use Only		
Roll No:		Section:	Ackd No:	Student Id No):
Order of Princ	cipal		Verified By	Date	
PWD:			Mobile: Date of	Birth:	
Blood Group:		ort: EWS:			
		Ann	lication Status		
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	T				
Streams	Types		Combination		Merit
Father:		Mother:		Guardian Name:	
Annual Incom	e: Guardian	's Occupation: Guardi	an Phone:		
Residential A	ddress: Bloo	ck: Dist: State:			
Email:		NCC:		NSS:	
		Your Qua	lifying Examination Detai	ils	

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 2024-04-26 07:10:31

	Chanabal Callara					
Chanchal College						
	Chanchal, Malda, W.B. (For Office Use Only) <u>Receipt Copy Form Verification</u> Office Copy					
Application id: CC2002915	Form No.:	۲				
Applicants Name:	Fathers Name:					
Honours Combinatior) •					
Tionours combination						
General Combination						
	- -					
Registration Form No.:	Registration Form Submitted On:					
Allotted Roll No.:						
	Chanchal College					
1	Chanchal, Malda, W.B. Form Verified - Student's Copy/Provisional Identity card (Valid upto 30.06.2023)					
Application id: CC2002915	Form No.:					
Applicants Name:	Fathers Name:					
Honours Combinatior	<u>):</u>					
General Combination						
Registration Form No.:	Verified by:					
Allotted Roll No.:						
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