

C.L.W. Co-operative Credit Society Ltd.



Administrative Building Chittaranjan, Paschim Bardhaman - 713331



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www.clwccs.ltd@gmail.com

+91 9475028202

Ref. No. - CCS_CE_08

Date: 04/12/2025

Corrigendum Notice

Student Felicitation Programme

In addition with previous Notice No. CCS_CE_08 dated 27.11.2025, it is hereby notified that CLW CCS Ltd. will celebrate Students Felicitation Program in upcoming days. To make it grand successful round, it has been decided that the Son/Daughter of shareholders of CLW CCS who have acquired at least 90% and above marks in the Secondary and Higer Secondary Examintaion - 2024 (Passed out on 2024) & 2025 (Passed out on 2025) and studied outside Chittaranjan will be included in this programme along with the talents studied in the schools of inside Chittaranjan township.

Application Needs to be addresed in the prescribed formate attached herewith. All applications will be gone under scrtunity process as per extant policy of society. Further Communication regarding the same will be done after successful scrutiny of the same.

Prescribe form will be made available in the Office of this Society on and from 04/12/2025 on working days in between 11.00 A.M. to 01.30. P.M. Attested copies of mark sheet of the students duly attested by Gazatted Officer should have to be attached along with the application form. The last date of submitting the application is 20.12.2025. and thereafter no application will be recevied under any cirumstances.

Further details of the programe will be shared shortly.

Rupan Clim dhing (RUPAN CHOWDHURY) Director



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Application for Participation in the Student Felicitation Programme (To be submitted duly forwarded by Section In-charge or Delegate)

In reference to your notice no CCS_CE_08 dated 04.12.2025, I hereby submit the following details of my son/daughter for participation in the student felciitaion programm of CLW CCS Ltd. Chittaranjan.

	-		
Name (Name of Share	e Holder)		
Designation		T/No.	
Office		S.R. No.	
B.U. No.		Control No	
Full Name of Particip of Son/Daughter)	pant (Name		
Relation with Applic	ant		
Name of Exam (Secondary/Higher S	econdary)		
Total Marks		Percentage of Marks	
Stream (only for HS)			
Name of Board			
Name of the Institution			
Present Address			
Phone No.			
and in the event of an	y discrepanc	tioned particulars are true to t es found in this respect, I shall ncel my application on that gro	l be held responsible and
Date:			
Place:			
(Strike out which is	not applicab	e) (Signatu	re of the Applicant)