



APPLICATION FORM FOR LL.B ENTRANCE TEST 2020

1 Name of the Applicant :

2 Father's/Husband's Name :

3 Date of Birth : d d m m y y y y

4 Gender : M F Prefer not to say

5 Marital Status : Single Married

6 Permanent Address :

7 Present Address :

8 Nationality :

9 Religion :

10 Whether SC/ST/OBC :

11 Whether Persons with disability : Yes No

12 Name of the Bachelor's Degree:
passed & year of passing

13 Percentage of mark's obtained:
in the Degree Examination

14 State :

15 District :

16 Phone number :

17 Email ID :

I hereby declare that my particulars as shown above are true to the best of my knowledge and belief.

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Signature of Applicant