

OMSHANTI COLLEGE OF LAW, MAINPURI

(Approved By Bar Council of India and Affiliated to Dr. B. R. Ambedkar University, Agra)

REGISTRATION FORM FOR ADMISSION

LL.B. (3 Year)

B.A.L.L.B. (5 Year)

(To be filled by the candidate in capital letters)



1. Name in Full :
2. Date of Birth :
3. Father's Name :
4. Mother's Name :
5. Occupation (Father/Mother) :
6. Monthly Income (Father/Mother) :
7. Gender (Tick) : Male Female
8. Marital Status (Tick) : Married Unmarried
9. Address :
- City.....State.....PinCode.....
10. E-mail : (Parents).....(Student).....
11. Phone No. with STD Code :
12. Student's Mobile No. :

13. Educational Qualifications :

Class	Exam Passed / Appearing	Board/University	Year	Div.	%age
High School					
Intermediate					
Graduation					
Others					

14. To which Category you belong GEN SC ST OBC PH

Declaration :

I hereby declare that the information filled by me is true to the best of my knowledge and if found incorrect the registration may be cancelled without any intimation.

Signature of Parent/Guardian

Signature of Candidate

Date.....

Place.....

For Official Use Only

Date of Registration :

Fee Receipt No. :

Registration No. :

Signature Admission In-charge

Official Remark :

.....

Signature Registrar