

LL.B EXAMINATION FORM JUNE - 2017

NAME OF THE CANDIDATE: _____
(PLEASE WRITE THE NAME AS APPEARING ON THE MARKS CARD)

REGISTER NO: _____

MOBILE NO: _____

EMAIL ID :

CATEGORY: GM/ SC/ ST/OBC/ OTHERS (please specify) _____

DATE : _____

LIST OF SUBJECTS APPEARING FOR AS A FRESHER: (NEW SCHEME ONLY)

TITLE OF THE PAPER	SEMESTER
1.	
2.	
3.	
4.	
5.	

NEW SCHEME : 2010 SYLLABUS AND ONWARDS; OLD SCHEME: ALL BATCHES BEFORE 2010

LIST OF SUBJECTS APPEARING FOR AS A REPEATER:

SL NO.	TITLE OF THE PAPER	SEMESTER	SCHEME (OLD / NEW)
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(PLEASE WRITE BEHIND IN CASE OF INSUFFICIENT SPACE)

CANDIDATE'S SIGNATURE

NOTE: 1. PLEASE ATTACH A **PHOTOCOPY** OF ALL OF YOUR EXAM FEE RECEIPTS. FAILURE TO ATTACH ALL EXAM FEE RECEIPTS WILL LEAD TO REJECTION OF FORM. **DO NOT ATTACH ORIGINALS TO THIS FORM!**

2. THIS FORM REQUIRES YOU TO DECLARE YOUR CATEGORY FOR THE ASSESSMENT OF CONCESSIONS (IF APPLICABLE) ONLY AND NOT FOR ANY OTHER PURPOSE.

3. PLEASE FILL THIS FORM YOURSELF AND SIGN THE SAME. FORMS FILLED OUT BY OTHERS WILL NOT BE ACCEPTED.