

Sector D-1, LDA, Kanpur Road Scheme, Lucknow-226012

#### **Admission Form**

#### B.A. LL.B. (Hons.)/LL.M. Programme, 2021-22

(The Admission Form, duly filled in, shall be submitted to the office of Dr. Ram Manohar Lohiya National Law University, Lucknow through online mode within the last date notified. Irregular or incomplete form will not be entertained. Any Misrepresentation or furnishing fraudulent information shall lead to cancellation of admission of the candidate at any stage.)

J	ing franction information shall lead to concentration of admission of	y
	(To be filled by the office)	
	Date of Admission	Affix Recent
	Class	Passport Size
	Enrollment No	Color
	CLAT-2021 All India Rank	Photograph Candidate's Signature
	Category Rank if any	
	(To be filled by the Candidate in his	s/her own handwriting)
1.	Name of the applicant in Block Letters	
	(as appears in 10 <sup>th</sup> Passing Certificate)	
2.	a) Father's Name	
	(as appears in 10 <sup>th</sup> Passing Certificate)	
	Occupation	
	Qualification	
	Mobile Number	
	b) Mother's Name	
	(as appears in 10 <sup>th</sup> Passing Certificate)	
	Occupation	
	Qualification	
	Mobile Number	
3.	a) Nationality	
	b) Gender: Male/Female/Transgender	
	c) Marital Status: Married/Unmarried	
	d) Date of Birth (as per 10 <sup>th</sup> Passing Certificate)	
	e) Place of Birth	
	f) Blood group of the applicant	
	g) Age of applicant (as on 01st July, 2021)	
	h) Candidate's Mobile Number	
4.	a) Permanent address	House No
		Sector/Ward/Village
		P.O
		District
		StatePIN Tel. /Mobile No
		E-mail ID
	1) 411 6 6 1	
	b) Address for Correspondence	House No
		Sector/Ward/Village
		District
		State PIN
		Tel. /Mobile No
		E-mail ID.
5.	Local Guardian's Name	
٠.	Occupation	
	Relationship with the Candidate	
	Address	House No
		Sector/Ward/Village
		P.O.
		District
		StatePIN
		Tel. /Mobile No
		E-mail ID



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6.	Details of Exan	mnauon(s)		ol or equivalent F	xaminatio	n onwards)		
S. No.	Name of the Examination	Year of Passing	Name of the Board/ University	Subjects studied		Grading System/ Marking System	Division/ Grade	%age of Marks
1.			v					
2.								
3.								
7.	Whether lives i	n Urban/Ru	ral area?			-		
8.	State of Domici							
9.	or Foreign N	lational/NR		Category of UP ed/Residents of				
10.				Specially Abled		oco-motor disability		
10.			cify the kind of			isual impairment		
	3	, i	J	3		earing impairment		
11.	Whether belon	as to 'Dene	andants of Free	dom Fighters' of		earing impairment		
11.	U.P.?	gs to Dept	indants of Treet	dom righters of				
12.		gs to the	category of 'So	ons/Daughters of				
				desh or Defence				
				or killed/disabled				
	in action'?							
13.	Whether the c	andidate is	pursuing any	other course of				
			of the course and					
14.				Co-curricular and				
	sports activities							
15.			nts from all sour					
16.				ticated by any				
	for violation of			y been imposed				
17.	Any other infor		ne iana.					
17.	Any other mior	manon						
I	(Full name of			hereby, declare the	nat the abov	ve statements made	by me are c	orrect.
I shal	ll be abide by a	ll the rules	and regulation	s enforced by the	e Universit	y from time to time	e. I understa	and that is
case,	any information	n furnished	l by me is four	nd to be incorrec	t; my adm	ission to the course	shall be li	iable to b
cance	-		J		, <b>,</b>			
Date:	/2021			Signature of the	ne Candida	te		
								-
under	take that my w	ard shall b	e abide by the	rules and regulat	ions of the	University, failing	which the	Universit
may t	ake any action a	against him	/her.					
•	//2021	-		Signa	ture of the	Parent/Guardian		
Place								

For Office Use Only Provisional Admission granted.

Note: Duly attested photocopies of all the relevant documents and certificates are to be attached.

(Chairperson) Admission Committee



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#### **Undertaking by the Candidate**

I, S/o / D/o	a candidate
for admission in B.A. LL.B. (Hons.)/ LL.M. I <sup>st</sup> Semester, un on the physical verification of original documents, my provisi	dertake that if any discrepancy is found later
I am also aware of the fact that <b>RAGGING</b> in any form, wi	
criminal offence and prohibited under law and as per rules as be expelled from the University and an FIR will be lodged	• 66 6
I have read all the terms and conditions of the provisional addronditions in my academic interest. I have gone through the has by these. I am aware that keeping vehicle in the University displaying of ID card while in campus is necessary in the interest shall neither indulge in nor instigate any other student(s) for University premises and shall not vitiate the academic environ In case I am found indulged in any act amounting to violate falling under the definition of Ragging, or breach of above per rules.	ostel and Library rules and undertake to abide sity premises is not allowed. Carrying and erest of my security. I hereby undertake that I ragging or create nuisance in the hostel and ment of the University in any manner. ion of discipline or misconduct or in the acts
Date:	Signature of the Candidate
Declaration by Parent	<u>/Guardian</u>
I	in regard to ragging and maintenance of ward in case he/she is found involved in any premises of the University. This undertaking
Date:	Signature of Parent/Guardian
Place:	Contact Nos. Cell No.: Land Line No.:
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<sup>\*</sup> Ragging within or outside the educational institution is prohibited. Ragging includes display of noisy, disorderly conduct, teasing, rough or rude treatment indulging in rowdy, undisciplined and obscene activities which cause or are likely to cause annoyance; undue hardship, physical or psychological harm or mental trauma or raise apprehension or fear in a fresher or other students, or forcing a student to do any act which such a student is not willing to do or which causes him/her shame or embarrassment or danger to his/her life or limb, or indulging in eve teasing.



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# Form for the Library Card LIBRARY MEMBERSHIP FORM

Fix your Ticket size photograph

#### (USE CAPITAL LETTERS ONLY)

Candidate's Name: l	First Name:	Middle Name:	Last Name:
Father's Name:			
Enroll. No		(To be filled by the Office)	
D.O.B		Blood Group	
Member Type: -	Designation (if	If Student):employee)	
Permanent Address:			
			Pin Code:
Emergency Contact	No. :	(Office):	(Residence):
			creby agree to abide all of them.
		= =	(Signature of the User) signature in .jpg file format separately tame and CLAT Roll/Applicant Number)
•		partment/Admission In-chanto avail the library faciliti	<del></del>
Valid from:		Till:	
Signature with seal:			Date:
For Office use only			
Library ID Given: _			
Library ID created b	y (Name & Sign):		Date:

(Librarian In-charge)