

BINODA LAW COLLEGE

An Institute for Legal Studies

Nadiha, Shyampur,
Durgapur - 713201,
Dist :- Paschim Bardhaman
e-mail : binodalawcollege@gmail.com
M. : 9474915124

STUDENTS PROVISIONAL ADMISSION FORM

(All the information to be fill in capital letters only)

For Office Use Only

Fee payment details (details of DD /Pay order)

1. DD No. Amount Date..... Bank

2. DD No. Amount Date..... Bank

Passport
Size
Photo

Admission Details

Name of the Student : _____

(In capital letters as MP admit card)

Father's Name : _____

Mother's Name: _____

Admission Date: _____

Admission to Degree: 5 Year INTEGRATED B.A.LL.B. (Hons.) / 3 Year LL.B.(Hons)

Date of Birth: _____ Place of Birth: _____

Admission Category: _____ Caste: _____

Religion _____ Nationality: _____

Mother Tongue _____ Blood Group : _____

E-mail ID: _____

Father's Occupation: _____

Mother's Occupation: _____

Identification Marks: _____

Sex : Male / Female Married : Yes / No.

Height in CM: _____ Weight in KG: _____

Academic Details(10th Std.)

Board of Exam : _____

Name of the School : _____

Total Marks Obtained : _____ Maximum Marks: _____ Percentage of Marks Scored: _____

Passing Month : _____ Year: _____ Grade: _____

Academic Details: (12th Std.)

Name of the Exam : _____

Board of Exam : _____

Name of the School : _____

Total Marks Obtained: _____ Maximum Marks: _____ Percentage of Marks Scored: _____

Passing Month : _____ Year: _____ Grade: _____

Address Details : (Local Address)

Address : _____

City : _____ Pin: _____ Dist: _____ State: _____

Parent's Landline Phone No.: _____ Parent's Mobile No.: _____

Student's Mobile No.: _____ E-mail Id: _____

Student's Aadhar Card No.: _____

Nearest Bus Stand: _____ Railway Station: _____

Address Details : (Permanent Address)

Address : _____

City: _____ Pin: _____ Dist: _____ State: _____

Nearest Bus Stand: _____ Railway Station: _____

Address Details : (Local Guardian)

Guardian's Name : _____ Guardian's Occupation: _____

Relationship with Guardian: _____ Guardian's E-mail Id: _____

Address: _____

City: _____ Pin: _____ Dist: _____ State: _____

Landline Phone No.: _____ Mobile No.: _____

Last Qualifying Examination Details :

Last Exam Name : _____ Exam Year: _____

Board or Univ. Name: _____ Duration : _____

Total Marks obtained: _____ Total Max. Marks: _____ Percentage of Marks: _____

Class : _____

I hereby declare that the particulars furnished above are true, complete and correct to the best of my knowledge and belief.

Date :

Place :

Signature of the Student