

KRISHNA INSTITUTE OF LAW

Affiliated to CCS University, Meerut & Approved By Bar Council of India, New Delhi NH-24, Opp. Jindal Pipe Ltd., Jindal Nagar, Hapur Road, Ghaziabad- 201 001 Phone: 0120-2677007, E-mail:- krishnacollegegzb@gmail.com

Photo

Course Name.....

(Please mention full name of the course for which admission is sought)

Category GENERAL	ОВС	SC	ST	OTHERS				
1. Name of Candidate (In Capital Letters)								
2. Father's Name (In Capital Letters)								
3. Mother's Name (In Capital Letters)								
4. PERMANENT ADDRESS with Pincode (In Capital Letters)								
5. Permanent Addre	ss for Commu	unication with pi	ncode (In Cap	ital Letters)				
Phone No. (With ST	D Code)							
E-mail								
6. Date of Birth								
6. Date of Birth								
6. Date of Birth7. Sex : Male/Femal	e	Mari	tal Status : Ma	ırried/Unmarried				
		Mari	tal Status : Ma	rried/Unmarried				
7. Sex : Male/Femal		Mari		married/Unmarried	YEAR			
7. Sex : Male/Femal 8. Educational Quali	fication:				YEAR			
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7. Sex : Male/Femal 8. Educational Quali LEVEL High School Inter	fication:				YEAR			
7. Sex : Male/Femal 8. Educational Quali LEVEL High School Inter Graduation	fication: COURSE	UNIVERSIT	Y/BOARD	MARKS %				
7. Sex : Male/Femal 8. Educational Quali LEVEL High School Inter Graduation Post Graduation	fication: COURSE Unfair means	UNIVERSIT	Y/BOARD	MARKS %				
7. Sex : Male/Femal 8. Educational Quali LEVEL High School Inter Graduation Post Graduation 9. Whether involved in	fication: COURSE Unfair means	UNIVERSIT	Y/BOARD	MARKS %				
7. Sex : Male/Femal 8. Educational Quali LEVEL High School Inter Graduation Post Graduation 9. Whether involved in	fication: COURSE Unfair means Curricular activ	UNIVERSIT	Y/BOARD	MARKS %				

- * NOTE
- 1. ATTESTED COPIES OF DEGREE/ PROFESSIONAL QUALIFICATION/ EXPERIENCE ARE TO BE SUBMITTED ALONG WITH THE FORM
- 2. PLEASE ENCLOSE 6 (Six) ADDITIONAL INDENTICAL COLOURD PHOTOGRAPHS WITH THIS APPLICATION
- 3. PLEASE READ & FILL UP THE FORM CAREFULLY, INCOMPLETE APPLICATION FORM MAY BE REJECTED.

DE	CLARATION		
I hereby declare that the information give in the If any information is found to be incorrect. I sh prompt payment of fees. I have noted that fees	all be liable for action. I hold	myself responsible for the due and	
(Signature of Parent/ Guardian)	(Signature of Parent/ Guardian)		
Name		Name	
Date			
FOR	OFFICE USE ONL	Normal/Payment/NRI	
Received a sum of Rs	(Rs) in the Form of Cash/Draft	
No Dated	drawn on	wide receipt	
No Dated	•		
	(SIGNATURRE OF	ADMISSION CO-ORDINATOR)	
FOR THE USE O	F COMPUTER SEC	CTION ONLY	
1. Computer Record No	Date of Er	ntry	
2. File Name	Operator .		
	CHECK LIST		
Application-cum-Registration Fee	DD payable at Ghaziaba	ad Yes/No	
Copies of Certificate Category Three additional copied of Photograph	Yes/No	Verified By : PAID/FREE/NRI/SEAT Yes/No	

Please Tick (✓) whichever is applicable