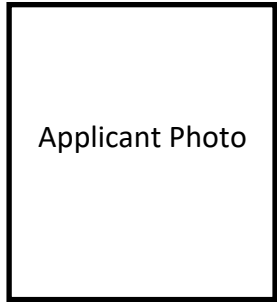




**DNR COLLEGE OF LAW
DNR COLLEGE ASSOCIATION
BHIMAVARAM**



REGISTRATION FORM FOR ADMISSION INTO

LL.B

BBA.LL.B

BA.LL.B

LAWCET (CAT -A)			SPOT ADMISSION		MANAGEMENT (CAT-B)	
Lawcet HT No.	Rank	Social Status	Social Status	% marks	Social Status	% marks

1. Details of Applicant:

Name	Date of Birth	Aadhar	Gender

2. Father's Details :

NAME	AADHAR NUMBER	OCCUPATION

3. Mother's Details :

NAME	AADHAR NUMBER	OCCUPATION

4. Contact Numbers:

APPLICANT	FATHER	MOTHER

5. Email :

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6. Address :

Address for communication	Permanent address
D. No.: Flat No:	
Street:	
Village/Post:	
Mandal:	
District:	
Pin code:	

7. Nationality :

INDIAN	Y	N	Local	Y	N	Non-Local	Y	N

8. Identification Marks:

i.	ii.

9. CATEGORY :

ST	SC	BC	MINORITY	OC	EWS	SPORTS/OTHERS

10. Details of Education :

Details	SSC	INTER/+2	DEGREE	P.G /Master degree
Course				
Year of passing				
Percentage/Grade				
Board/university				

11. Following certificates in original along with 4 sets of Xerox copies submitted:

Lawcet HT	Lawcet Rank card	Allott order	Joining report	SSC	INTER	DEGREE	PG	TC	STUDY	ANY OTHERS

DECLARATION / UNDERTAKING

- I. I S/o..... do hereby declare that I know that I am pursuing regular course and not a Correspondence/nor Distance and I am not in any employment nor in full time business. I shall abide by rules and regulations of BCI, APSCHE and University and I shall attend classes regularly and put up required attendance for appearing examinations.
- II. The information stated above is true and belief to the best of my knowledge. In case the information furnished above found to be false in future, my admission is liable to be cancelled besides penal actions can also be initiated as per the regulations of BCI, University, and APSCHE.
- III. I hereby extend my consent for furnishing my information under Right to Information Act when required and also subjected to RTI Act.
- IV. I shall not indulge in any Anti-social actions, Ragging, violence and any illegal activities.

Signature of Parent

Signature of Applicant

FOR OFFICE USE ONLY

VERIFIED by clerk/typist/CO

ACCEPTED / REJECTED

RECEIPT NO:

Date

Sign of accountant/clerk

PRINCIPAL