

Signature of the Verifying Officer Director, Academics Affairs & Research

DAMODARAM SANJIVAYYA NATIONAL LAW UNIVERSITY, VISAKHAPATNAM

ADMISSION FORM 20 - 20

(To be filled in by the candidate neatly without corrections)

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(To be filled in by the Office)	1. Full Name & Surname of the candidate in the order as mention				mentioned in the qu	ed in the qualifying examination (IN BLOCK LETT						CLAT	Rank	
1. Course Admitted :		NAME			SURNAM	E		GENDER	М		OTHER GENDER			
2. Date of Admission:	 2. 	Date of Birth as per T.C. of the previous institution (Date of birth should be verified with S.S.C. or its equivalent certificate)			I	IN FIGURES IN WORDS					·			
3. Admission No	3.	Place of Birth -			State -	State -					Recent passportsize photograph, duly signed			
4. Local or Non-Local (specify clearly)	 4.	Nationality -			Religion	Religion -					by the candidate should be affixed here			
5. Category under which the candidate is admitted	 5.	Personal Identification 1.	Personal Identification 1. 2.											
(Put (✓) mark in the box)	 6.	Candidate E-mail ID: Mobile :												
Merit / Open Competition CAP Any other	 7. 	Name of the Parents Father's Name (per SSC / 10 th Marks Card)					Occupation	Father						
Scheduled Caste Sports N.C.C. B C GI GII	į	Mother's Name					Mother							
Scheduled Tribe Differently Abled Person	 8	Permanent Address												
B.C. ABCDE Other State	 													
Certificates submitted by the candidate : (Mark against the certificates submitted)	 	Dist.	State	State			Pin :							
		Details of the Parents : E-mail ID:				Landline :					Mobile :			
1. CLAT Rank	1	Address for Correspondence												
2. 10th Class Certificate 3. +2 or Equivalent Certificate	i 10. I	Address for Correspondence :												
4. Degree Certificate														
5. Transfer Certificate	 11.	Annual Income of parents :												
6. Migration Certificate														
7. Cast Certificate, If Claimed		a) Motherb) Father				Total Income								
8. Income Certificate	İ	,				Whether Passed	1					1		
Residence Certificate (Local / Non-Local)		A) Ovalifying averagination			Name of the College, Place & Period of Study	hu Drivete	Name o Board / Ur		Year & M of Pass		Register No.	Marks obtained	Class / Grad obtained	
	i 12. I	A) Qualifying examination	passed											
I hereby certify that the particulars given by the candidates in this form and	į									_				
in the Admission Application, have been verified with original documents and found to be correct. The photograph of the candidate affixed on this														
form is also hereby attested.		B) Other Examinations passed, if any												
	į													