Form of Application for Entrance test for Admission to 1st year of Two Year LL.M. course. 
(Session 2017-2019)

Roll No. ………………

This form duly filled in and with documents wherever necessary must reach office of the Secretary, Faculty Council for PG Studies in Law by the date as notified by him. Candidates are required to submit self attested true copies of admit card and or pass mark sheet of their B.A.LL.B/LL.B Examination or equivalent at the time of submission of the application form.

1. Full Name (in block letters)

2. Address to which all communications are to be sent

3. (a) College and (b) University from which the candidates passed the B.A. LL.B/LL.B. equivalent Examinations.

4. Special claim for admission, if any (No claim will be entertained unless a Certificate is furnished)** Indicate whether the candidate is S.C./S.T./OBC/PWD.

………….

5. Statement of MARKS obtained at the B.A.LL.B/LL.B. Examination

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<th>1st Yr./Pre.</th>
<th>2nd Yr./Int.</th>
<th>3rd Yr./Final</th>
<th>4th Yr.</th>
<th>5th Yr.</th>
<th>Total Marks</th>
<th>Class / Division</th>
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<td>1st Sem</td>
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<td>Marks Obtained</td>
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Full Marks in Hons………………. Marks obtained in Hons…………………

____________________________
Signature of the Applicant (in full)

Date : _______________________

** SC/ST/OBC Reservation benefit is available only those candidates who have obtained concerned certificate from Govt. of West Bengal.

*** Original documents must be produced at the time of submission of form.

# Strike out the clauses, which are not applicable.

________________________________________________________________________________________

FOR OFFICE USE

Serial No. ____________

Received an application for Entrance Test for admission to 1st year of 2 Year LL.M. Course from
Sri/Sm ___________________________ session ____________________.

Date : _______________ Receiving Asst
1. (a) Permanent or Home Address (with the name of the State and nearest railway station with PIN Code) (b) Date of Birth :

2. Married or Single

3. (a) Nationality (b) Caste (State if belong to S.C./S.T./OBC with Certificate from a Competent authority)

4. (a) Father’s or Mother’s Name (b) Occupation (c) Income

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**DECLARATION BY THE STUDENTS**

Important: I shall be a bonafide student of the University and I undertake not to be engaged in any employment or any other work or any other course of studies elsewhere during the period for which I am applying. If any of the above statements are found incorrect or if it is found that I have in any way contravened the provisions of the rules and regulations relating to eligibility for prosecuting studies at the class or relating to eligibility for taking the University Examination after such studies, my admission will be liable to be cancelled and I shall not be entitled to refund of fees paid by me. Also I find myself to abide by the code of conduct and discipline as may be enforced by the authorities from time to time.

Signature of the Applicant (in full) 

Date: ____________

Place: ______________ Contact No. (Land) ______________

Mobile ______________

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(1) All notices regarding admission namely, selection and payment of Admission Fees, etc will be displayed on Notice Board of the Faculty office at 51/1, Hazra Road, Kolkata – 19.

(2) Competent authorities: District Magistrate or Sub Divisional Office
UNIVERSITY OF CALCUTTA

ADMIT

LL.M. Entrance Test, 2017

Date of Entrance Test ________________.
Centre of Entrance Test ________________.
Name ____________________________________________
Son/Daughter of __________________________________
Roll No. _______________________________

________________________
Signature of the Candidate

Secretary

Date: _____________________________
Issuing Assistant _________________

UNIVERSITY OF CALCUTTA

ADMIT

LL.M. Entrance Test, 2017

Date of Entrance Test ________________.
Centre of Entrance Test ________________.
Name ____________________________________________
Son/Daughter of __________________________________
Roll No. _______________________________

________________________
Signature of the Candidate

Secretary

Date: _____________________________
Issuing Assistant _________________

Affix Photograph and Self attest across