

INNOVATIVE INSTITUTE OF LAW

Affiliated to CCS University & Approved by BCI Plot No. 6, Knowledge Park-2, Greater Noida-201308 Tel.: 0120-2328555, 6524035, 9311637878

ADMISSION FORM						
SESSION F. No.:						
Course (Please Tick ✓) LL.B. (3 Years) B.A.LL.B. (5 Years) Full Name of Candidate						
School Name and Ci	itv					
						\Box
Father's Name						
Father's Occupation						
Mother's Name						$\overline{}$
M 1 3 0 1						Ш
Mother's Occupation						
Date of Birth (DD/MM/YYYY) Caste SC/ST/OBC/Gen. Cast					ste Certificate No. Gende	er
					M F	
Examination	Board / University	Year	Subje	ect	Marks Obtained M.Marks % of M	Iarks
X					Obtained	\dashv
XII						\dashv
Graduation						\dashv
Post Graduation						\dashv
Others						\dashv
Permanent Address						
State Pin Code						
Correspondence Address						
			State		Pin Code	
Nationality E-mail Aadhar No						
Telephone no. with STD Code (Residence) 10th Serial No. 12th Serial No.						
Mobile No.			10th Roll No	0.	12th Roll No.	
Date Candidate's Signature						
Documents Enclosed : • Domicile Caste Certificate • Gap Certificate • 10th Marksheet & Certificate • Gap Certificate • Gap Certificate						
• 12th Marksheet &	<u> </u>	• PG	Marksheet & Certifi	cate	Character Certificate	е
Graduation Marks	sheet & Certificate	• Mi	gration Certificate / T	ransfer Certificate	• Aadhar Card	Ш
I have fully read the information furnished by my son/daughter/ward and affirm that it is true and if it is proved that information is fraudulent, I shall be liable to criminal prosecution.						

Father / Guardian Signature Date

FOR OFFICE USE ONLY

Ref by:....

Admission Incharge