

10. Particulars of qualifying examinations

	Name of the Examination	Year and Month of Passing	Name of the University / Board	Regular / Private	Reg. No.
	A. Details of Qualifying examination passed	II Language	Group Subjects		Class obtained
B. Details of any other examination (s) passed	Name of Examination (s)	Year (s) of Passing	Regd. No.(s)	Optional / Subjects	

11. Centre where the candidates should attend the Contact Programme.a) **M.H.R.M** : Visakhapatnam a) **LL.M.** : Visakhapatnam **12. Particulars of the fee paid :**

D.D. No. _____ **Date ;** _____
Amount in ₹ _____

(Rupees.....)

I here by declare that all the information given above is true and I fully understand that my admission stands cancelled at any stage if it is discovered that I do not have the minimum prescribed qualification and / or any information supplied by me is found to be false and inadequate. Further, I undertake to be a disciplined student and abide by the orders issued from time to time by the authorities of the School and University.

Place :**Date :****Signature of the Applicant****(For Office use only)**

Date of Admission

Verified

DIRECTOR