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## **Dr. B.R. AMBEDKAR College of Law** (Please fill all the fields in CAPITAL LETTERS)

# Name of the tudent Name: (As per S.S.C.)

**Surname Name**

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| --- | --- | --- |
| Sri/ Smt Mrs/Ms |  |  |

Father’s Name :

Date of Birth as per the records: (As per S.S.C.in figures only)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | Month | | Year | | | |
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Roll No.. :

Name of the Department &College :

Name of the Course :

2yrs M.L. Course

3yrs LLB Course

5yrs B.A. LLB Course

2yrs M.A. HRD Course

## Day Scholar/Hostler: Blood Group:

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**Note:- Please Enclose Xerox a copy of admission allotment along with this application, duly counter signed by the Head of the Department.**

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# SIGNATURE OF THE STUDENT