

**AMITY LAW SCHOOL, DELHI**  
**REGISTRATION - CUM - ENROLMENT FORM**  
**(FOR FRESH STUDENTS - 2013 Batch)**

**PERSONAL PARTICULARS**

Programme Enrolled For \_\_\_\_\_

Academic Session \_\_\_\_\_

Full Name of the Student \_\_\_\_\_

Nationality \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Category (SC / ST / OBC) \_\_\_\_\_

Emergency Contact No. \_\_\_\_\_

**RECENT PHOTOGRAPH**

**CORRESPONDENCE ADDRESS**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Pin \_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**PERMANENT ADDRESS**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Pin \_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**Place of Stay during this semester (Non - Hostellers)**

With Parent / Guardian

☐

Own Arrangement

☐

Address: \_\_\_\_\_

City: \_\_\_\_\_ Pin: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Details of Educational Qualifications (from High School onwards)**

Name of Qualifying Exam	Year of Passing	School / College	Board / University	Percentage of Marks (Best of Four)

Any type of Sickness that you are prone to and the line of treatment

Any particular Doctor to be contacted in case of your sickness

Dr's Name

Address

City

Pin

Tel.

Fax

Email

Your Blood Group

**FAMILY PARTICULARS****FATHER**

Name

Occupation

Address

Mobile No.

Tel. No.

E-mail ID

RECENT PHOTOGRAPH

**MOTHER**

Name

Occupation

Address

Mobile No.

Tel. No.

E-mail ID

RECENT PHOTOGRAPH

**(Signature of the Student)**

## **UNDERTAKING**

I solemnly affirm that the above information made and furnished by me is true and correct.

Further, I am being admitted to the above stated Programme entirely on my request and I agree to abide by all the rules and regulations of the Institution / University which I have read and understood. In the event of suppression or distortion of any fact like educational qualification, nationality, etc. made in the Registration - cum - Enrolment Form, I understand that my admission is liable for cancellation.

I affirm that I will not involve myself in any case of indiscipline during the period of my study in the Law School.

I have full knowledge of the fact that in case my attendance in any subject falls below 75%, I shall not be allowed to appear in the end term examination.

I will inform the college administration promptly if there is any change in the status of the above information.

**Date** \_\_\_\_\_

**Place** \_\_\_\_\_

**(Signature of Student)**

**(Name & Signature of the Verifying Faculty of the  
respective Batch)**

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### **For Official Use**

Enrollment No. allotted

Date \_\_\_\_\_

Place \_\_\_\_\_

Office Seal

**(Signature of Authorised Officer)**

Date \_\_\_\_\_