

AMITY LAW SCHOOL, DELHI REGISTRATION - CUM - ENROLMENT FORM

Academic Session: 2015-2020

PERSONAL PARTICULARS	
Full Name of the Student	
Nationality ———	(RECENT PHOTOGRAPH)
Date of Birth	
Sex (Male/Female)	
Category (SC/ST/OBC)	
Emergency Contact No.	
CORRESPONDENCE ADDRESS	
Address	
City	
Pin	Tel ———
Fax	Mobile ————
Email —	
PERMANENT ADDRESS	
Address	
City	
Pin	Tel
Fax	Mobile —
Email —————	

Address				
City				
State				
Pin				
Γel				
Fax				
Mobile				
Email				
Name of Qualifyi Exam	ng Year of Passing	School / College	Board/ University	Percentage of Marks (Best of Four)
		<u>1,200/-)</u>		
ee Details: (fee	to be paid Rs 3			
ee Details: (fee	to be paid Rs 3 Bank Name	DD Date	Paid on (date) Receipt no.
	<u>'</u>	DD Date	Paid on (date) Receipt no.

Dr's Name Address	
Tel.	
Email	
Your Blood Group	
FATHER	
Name	
Occupation	
Address	(RECENT PHOTOGRAPH)
Mobile No Tel. No	_
E mail ID	_
MOTHER	
Name	
Occupation	(RECENT PHOTOGRAPH)
Address	
Mobile No. Tel. No.	
E-mail ID	

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	<u> </u>
Place	(Signature of Student)
	(Name & Signature of the Verifying Faculty of the respective Batch)
	For Official Use
Enrollment No. alloted	
Date	
Place	
(Signature of Authorised Office	er)