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AMITY LAW SCHOOL, DELHI REGISTRATION - CUM - ENROLMENT FORM

Academic Session: 2016-2021

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		
City		
Pin		
Fax		
Email —————		

Place of Stay d	urino	this sem	ester (Non - H	(ostellers)			
Address	umg	tins semi	ester (14011 11	<u>iosteriers</u>			
City					-		
State							
Pin							
Tel							
Fax							
Mobile					-		
Email							
Details of Educa Name of Qualify Exam	ing	Year of Passing	School/Colle	ga B	ool onw	Per Mar	centage of ks (Best of Four)
Fee Details: (fee	e to be	paid Rs 41	! <u>,400/-)</u>				
DD No.	Ва	ınk Name	DD Date	Pai	Paid on (date) Receipt no.		Receipt no.

Any particular Doctor to be contacted in case	e of your sickness
Dr's Name	
Address	
Tel.	
Email	
Your Blood Group	
<u>FATHER</u>	
Name	
Occupation	
Address	(RECENT PHOTOGRAPH)
Mobile No Tel. No	
E-mail ID	
MOTHER	
Name	
Occupation	(RECENT PHOTOGRAPH)
Address	
Mobile NoTel. 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	
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 Officer)	

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