

<u>2017 Batch</u>

AMITY LAW SCHOOL, DELHI REGISTRATION - CUM - ENROLMENT FORM Academic Session: 2017-2022

PERSONAL PARTICULARS

Full Name of the Student		
		(RECENT
Nationality ———		PHOTOGRAPH)
Date of Birth		
Sex (Male / Female)		
Category (SC / ST / OBC/Def)		
Emergency Contact No.		
CORRESPONDENCE ADDRESS		
Address		
City		
Pin	Tel	
Fax	Mobile ————	
Email —		
PERMANENT ADDRESS		
Address		
City		
Pin	Tel	
Fax	Mobile	
Email ———		
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Place of Stay during this semester (Non - Hostellers)

Address	
City	
State	
Pin	
Tel	
Fax	
Mobile	
Email	

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)

Fee Details: (fee to be paid Rs 41,400/-)

DD No.	Bank Name	DD Date	Paid on (date)	Receipt no.

2017 Batch

Any particular Do Dr's Name Address	ctor to be contacted in case of your sic	kness
Tel. Email		
Your Blood Group		
<u>FATHER</u> Name Occupation		(RECENT
E	Tel. No	PHOTOGRAPH)
<u>MOTHER</u> Name Occupation		- (RECENT PHOTOGRAPH)
Address	Tel. No	-
E-mail ID		-
(Signature of the S	tudent)	

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 70% and as per BCI norms, I shall not be allowed to appear at 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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