

19. Address for the correspondence (Do not give Post Box No. Leave a blank between each unit of address like House No. Street Name, P.O., etc)

City

District

State

PIN Code

Telephone No with Country & STD Code

Fax No. with Country & STD code

Mobile Number (if any)

Email id (if any)

20. Permanent Address (Do not give Post Box No. Leave a blank between each unit of address like House No. Street Name, P.O., etc)

City

District

State

PIN

Telephone No with Country & STD Code

Fax No. with Country & STD code

Mobile Number (if any)

Email id if any

Family

21. Father's / Guardian Name (Strike out whichever is not applicable)

22. Father/Guardian (Address) (Strike out whichever is not applicable)

City

District

State

PIN

Telephone No with Country & STD Code

Fax No. with Country & STD code

Mobile Number (if any)

Email id if any

23. Mother's/Guardian Name (Strike out whichever is not applicable)

24. Mother/Guardian (Address) (Strike out whichever is not applicable)

City

District

State

PIN

Telephone No with Country & STD Code

Fax No. with Country & STD code

Mobile Number (if any)

Email id if any

DECLARATION BY APPLICANT

I hereby declare that I have read and understood the condition of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully studied and accepted the regulations of the University and shall not raise any dispute in future over the same regulations.

Date :

Place :

Thumb Impression

Signature

For Office use only

Application verified and found correct. This candidate is given admission to for the Year

Amount :

Receipt No. & Date :

Date of Admission :

Principal/Director

I have received all original Marks Cards and Degree Certificate which were submitted at the time of admission.

Date:.....

Signature of the Applicant

Checklist

Affix photograph and enclose the following attested copies.

- 1) Demand draft/Challan Form for the programme fee.
- 2) Caste/Tribe/Community/Disability Certificate in the case of candidates belonging to SC/ST/OBC/PH.
- 3) SSLC/SSC/X Class Certificate/Marks Card containing Date of birth.
- 4) PUC 2nd year/HSC and Degree Qualifying Examination marks card.
- 5) Enclose 5 recent stamp size photographs along with application.
- 6) Acknowledgment Card duly stamped.
- 7) Income certificate, if fee concession is claimed.
- 8) Eligibility certificate, if needed.
- 9) Migration certificate, if needed.
- 10) Programme code:

| | | | |
|-----|---|-----|---|
| 001 | B.A. L.L.B. (5 Years) | 002 | B.A.L.L.B. (5 Years Hon's) |
| 003 | B.B.A. L.L.B. (5 years) | 004 | B.B.A.L.L.B (5 Years Hon's) |
| 005 | L.L.B. (3 Years) | 006 | L.L.M. Intellectual Property Rights |
| 007 | L.L.M. Constitutional Law | 008 | L.L.M. Business Law |
| 009 | Post Graduation Diploma in Cyber and IT laws | 010 | Post Graduation Diploma in Human Rights |
| 011 | Post Graduation Diploma in Intellectual Property Rights | | |

Please Note

- 1) Incomplete applications are liable to be rejected.
- 2) Submission of application does not guarantee the candidates being called for interview.
- 3) Application Form once sold will not be taken back and claims for refund of application fee will not be entertained.
- 4) Applications to be sent in the supplied envelope.
- 5) Law School/College will not be responsible for non-receipt or delay in receipt of completed applications.


KARNATAKA STATE LAW UNIVERSITY

Navanagar, HUBLI – 580 025.
 Phone: 0836-2222472, 2222392, Fax :2323151

:ACADEMIC SECTION:

No: KSLU/Reg/Acad/Admsn-Elgi/2010-11/ _____

: APPLICATION FORM OF ELIGIBILITY :

(To be applied by the Candidates studied in institutions outside the State of Karnataka, before seeking admission to the Law Course under the University)

To,
The Registrar
Karnataka State Law University, 1
Navanagar, Hubli.

| | | | |
|---|---|-----------------|--|
| 1. Name of the candidate in full (as in the qualifying examination passed) with correct postal address (IN BLOCK LETTERS) | : | | |
| & Telephone/Mobile No: | : | | |
| 2. The course for which eligibility is sought | : | | |
| Prescribed Qualifying examination passed & Percentage of marks obtained | : | | |
| 3. <u>Enclosures:</u> (attested copies) | | <u>(Yes/No)</u> | <u>Marks card No./Month & year</u> |
| a. 10 th Marks card copy/date of Birth certification | | : | : |
| b. 12 th Std/equivalent Marks Card copy | | : | : |
| c. 3 Year U.G. Degree all Marks Cards copies | | : | : |
| d. Transfer certificate | | : | : |
| e. Migration certificate | | : | : |
| f. Caste Certificate | | : | : |
| 4. Name of the Board/University from which qualifying examination is passed | : | | |
| 5. Date of birth & Age | : | | |
| 6. Eligibility Fees paid details DD/ Challan. Nor., date, Bank, Branch name. | : | | |

I have produced & enclosed all the Original Marks Cards of qualifying examination along with this application. I undertake to produce the Transfer & Migration Certificates to the College within one month from date of admission, failing which the eligibility letter issued to me, may please be treated as cancelled.

Date:

Signature of the candidate

(_____)

The original documents are duly verified & copies of the same are attested. The application is forwarded for your kind sanction.

Date:

Principal
 of the forwarding College
 (Signature & Seal)


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:ACADEMIC SECTION:

For KSLU Office use:

The application of Mr/Mrs/Ms. _____ & the enclosed documents are duly verified. The applicant having passed _____ examination securing _____ % from _____, is held _____ for admission to _____ LL.B. course for year 2010-11.

The Eligibility Certificate No. _____ dtd: _____ is prepared & submitted for your kind approval.

Prepared by : _____ Signature: _____ date: _____

Checked by : _____ Signature: _____ date: _____
(Caseworker)

O.S. : _____ Signature: _____ date: _____

D.R. : _____ Signature: _____ date: _____

Registrar : _____ Signature: _____ date: _____
