

APPLICATION FORM FOR REGISTRATION

B.A., LL.B. / B.B.A., LL.B./ B.Com., LL.B.
Five Year Integrated Courses

Affix recent
passport size
photograph

Date: _____ Academic Year: 2021 – 2022

Name of the Candidate (in Block Letters) [As in qualifying examination marks card]			
Course Applied for [Please tick the course in which you are enrolling]		<input type="checkbox"/> B.A., LL.B <input type="checkbox"/> B.B.A., LL.B <input type="checkbox"/> B.Com., LL.B	
Name of Father			
Name of Mother			
Date of Birth [DD/MM/YYYY]		Gender : Male	<input type="checkbox"/> Female <input type="checkbox"/> TG
Nationality:	Religion:	Belongs to Minority : Yes	No
Qualifying Examination :		Year of Passing :	Percentage :
Name of the Board			
Whether studied in Regular Mode		Yes	No
Common Law Admission Test [CLAT]		Registered	Attempted
<u>Address for Communication</u>			
City:		State:	Postal Code:
Contact Numbers	Student		
	Parents		
Email Id:			

Documents Enclosed [Scanned Copies]	X / SSLC	Yes	No
	10 +2 / II PUC	Yes	No
	CLAT Score Sheet	Yes	No
Registration Fee Rs. 1100/-	Transaction Number:		Date:
<i>The Transaction details should be sent to accounts@msrcl.org</i>			
Payment should be made through Online only [Transaction Details should be mentioned]	Account Name	M.S. Ramaiah College of Law	
	Account Number	89250100000773	
	Bank Name	Bank of Baroda	
	Branch	MSRIT Branch, Bangalore - 560054	
	IFSC Code	BARB0VJMSRI [Fifth Character is "Zero"]	
Whether hostel facility is required		Yes	No

DECLARATION

I do hereby declare that all the information furnished above are true and correct to the best of my knowledge and belief. I am enclosing the photocopies of marks card for admission to course applied for registration. I'm aware that, if I fail to satisfy the 'Eligibility Criteria' set by "Karnataka State Law University", my registration will be cancelled and I'll not be eligible for admission to the course applied. I'm also aware that, mere registration for a particular course does not automatically entitle me to claim a seat.

Signature of the Student

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

Name of the Student	
Fee Paid Details	
Application Registration Number	
Date	

[Signature of the Office In-charge]

[Signature of the Principal]