



Arcadia Grant, P.O Chandanwari, Prem Nagar  
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LAW  
COLLEGE  
DEHRADUN

### Programme Applied For

BA.LL.B (Hons.)	<input type="text"/>
BBA.LL.B (Hons.)	<input type="text"/>
LL.B (Hons.)	<input type="text"/>
LL.M - One Year	<input type="text"/>
Ph.D	<input type="text"/>

Please fill the form in CAPITAL Letters only.

1. Full Name of Candidate	: _____			
2. a) Date of Birth	: Date	<input type="text"/>	Month	<input type="text"/>
	: Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Age as on 1st July 20	: Years	<input type="text"/>	Months	<input type="text"/>
	: Days	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Domicile	: Uttarakhand	<input type="text"/>	All India	<input type="text"/>
	: Others	<input type="text"/>		
4. Nationality	: _____			
5. Religion	: Hindu	<input type="text"/>	Muslim	<input type="text"/>
	: Jain	<input type="text"/>	Buddhist	<input type="text"/>
	: Christian	<input type="text"/>	Sikh	<input type="text"/>
	: Others	<input type="text"/>		
6. Gender	: Male	<input type="text"/>	Female	<input type="text"/>
7. (a) Name of Father	: _____			
(b) Occupation	: Service	<input type="text"/>	Business	<input type="text"/>
	: Profession	<input type="text"/>		
8. (a) Mother's Name	: _____			
(b) Occupation (if any)	: _____			
9. Category	: a) General	<input type="text"/>	S.C.	<input type="text"/>
	: S.T.	<input type="text"/>	O.B.C.	<input type="text"/>
	: Others	<input type="text"/>		
	: b) Physically Challenged	<input type="text"/>	Freedom Fighter's Ward	<input type="text"/>
	: Ex/Defence Personnel	<input type="text"/>		
	: c) NRI	<input type="text"/>	NRI Sponsored	<input type="text"/>
	: PIO	<input type="text"/>		

**Note:** For NRI/FNS/PIO, select domicile and category as others and for Kashmiri Migrant, select category as others.

10. Correspondence address : \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_  
 Pin Code \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_  
 Telephone No. (with STD code) Parents (Office) : \_\_\_\_\_ Residence \_\_\_\_\_  
 E-mail ID : \_\_\_\_\_

11. Institution last attended : \_\_\_\_\_ Class \_\_\_\_\_

12. Qualifying Exam Passed : \_\_\_\_\_ Regular ☐ Private ☐ Distance ☐ Year: \_\_\_\_\_

### 13. ACADEMIC DETAILS

Examination Passed	Examining Board/ University & Institution	Year	Roll No.	Division & Percentage	Subjects Offered
High School					
Intermediate or 10+2					
Graduation					
Post Graduation					
Professional Course					

### UNDERTAKING

I.....hereby undertake that the information filled by me in the registration form is true to the best of my knowledge, complete and correct. I am fully aware that misrepresentation of fact in my registration form will render me to be disqualified for admission to the course applied for and the registration fee paid by me will stand forfeited.

I am aware that any dispute arising there of, is subject to the jurisdiction of Dehradun Courts only.

Date \_\_\_\_\_

Signature of Candidate

### FOR OFFICE USE ONLY

The following documents (Photocopy) received from the candidate:

- |   |                          |                            |                          |
|---|--------------------------|----------------------------|--------------------------|
| 1. X Standard Mark sheet                                | <input type="checkbox"/> | 2. XII Standard Mark sheet | <input type="checkbox"/> |
| 3. Graduation Mark sheet                                | <input type="checkbox"/> | 4. Caste Certificate       | <input type="checkbox"/> |
| 5. Domicile Certificate<br>(For Uttarakhand State Only) | <input type="checkbox"/> |                            |                          |

#### Registration Payment Details:

Amount paid ..... Cash/DD No. .... Dated ..... Payable at .....  
 Date of Registration.....Fee Receipt No.....

Signature of Admission In-charge