

MAR GREGORIOS COLLEGE OF LAW

Mar Ivanios Vidyanagar, Thiruvananthapuram - 695015, Kerala, India Ph: 0471-2541120, <u>E-mail: info@mgcl.ac.in</u>, Web: <u>www.mgcl.ac.in</u> (Managed by the Malankara Catholic Educational Society of the Archdiocese of Trivandrum Approved by Bar Council of India and affiliated to the University of Kerala)

APPLICATION FORM FOR TWO YEAR LL. M DEGREE COURSE

ADMISSION FOR 2021-2022 MANAGEMENT SEAT

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Application No															
Details of Candidate										Affix Passport Size Photograph					
Name of the Candidate (In BLOCK Letters)															
Expansion of Initials (if any)															
Mobile Number			Name of Course applied for												
WhatsApp No. (if	any)				.cl	1E	SS	3 /	Ema	il ID					
Aadhar Number			Gender (Male/							`					
Addiai Number											Bl	ood Gro	up		
Date of Birth	Day	Mont	ih		Year		Natio	nality	State						
Mother			Dati						4 -	SC	ST	OBC	OEC	Others	
Tongue			Religi	on				Cas			0				
7 1 7 1		Malan	alankara		Malankara			Latin		Syro-			Others (Specify)		
		Catho	olic	Na	Nadar Catholic		C	Catholic		Mala	abar	ır			
If Malankara Catholic, Specify Parish and Diocese			Parish Die							Dio	ocese				
Name of Qualifying Examinat			on Name of the University												
Name of the Institu	ıtion la	ast atten	ded	P											
Marks obtained in the Qualifyi		 ıalifying	,	Reg.No.		Mo	Month/Year of Pass			s Ma	Max. Marks Mar		s Secured	Percenta	
Examination															
Details of TC							_			<u> </u>	CT	<u> </u>		N-44	
(Transfer Certificate)			T.C No.		T.C. Date			N		Name o	Name of Institution			Not yet receive	<u></u>
Details of Std. X		,	Name	of S	f School			Reg. No			o. Month/Year		of pass	Percentage	e

Extra Curricular Activities		
Any Award or Prize		
PERMANENT A	ADDRESS	COMMUNICATION ADDRESS
Details of Parents/Guardia	n	
Father's Name	:	
Occupation/Profession	:	
Designation		
Presently working at	5105	601
Phone Number	ONES	68 10
WhatsApp Number (if any)	SIOUSINE	
Email ID		
Mother's Name		
Occupation/Profession	() :	
Designation	:\	
Presently working at		
Phone Number		
WhatsApp Number (if any)	: Y474 _	
Email ID		
Name and Address of Local Gua (if parents are not residing in Trivan		
Relationship with the Applicant	:	
Contact Number	:	
Email ID	:	

Anyone from Candidate's family is related to Law profession/ Police Dept. : Yes /No	
If Yes, Name of the Person :	
Relation with the Candidate :	
Designation :	
Presently working at :	
DECLARATION BY CANDIDATE	
I, hereby declare that details furnished	Ĺ
above are correct and hat I will abide by the rules and regulations of the college.	
Date	
Place Signature of the Candidat	e
DECLARATION BY PARENT/GUARDIAN	
I,here	by
undertake to pay to the college/examination fees and other dues timely. Further, I also undertake	to
pay/compensate any damage/destruction/loss to the college property for which my son/ daught	er/
ward my directly/ indirectly have been responsible for. I hold myself responsible for his/her cond	luct
and behavior in the College.	
Date	
Place Signature of the Parent/Guardian	
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