

## 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 2024 MANAGEMENT SEAT**

Application No  Details of Candidat	te								Af		ssport Size	
Name of the Candidat (In BLOCK Letters)	e	10	S	C						rnot	ograph	
Expansion of Initials (if any)		BIL				4,						
Mobile Number	(6)	JUSI	NES	55 /	Name o	f Cou	rse applie	ed for				
WhatsApp No. (if any)	0 5		é		Email	ID						
Aadhar Number	5	Gender (Male/Blood Gr							ıle)			
Date of Birth	Month	Year	Na	tionality	,		0	State	e			
Mother Tongue	Religio	n		Caste			SC	ST	OBC	OEC	Others	
If Christian, specify (Attach Proof)	Malankara Catholic	nkara Malankara Edili Sylo					Other	Others (Specify)				
If Malankara Catholic, Specify Parish and Diocese		Parish				Die				ocese		
Name of Qualifying Ex	amination	2/1	В	oard / Sy	llabus							
Name of the Institution la	st attended		AN	JD								
Marks obtained in the (Examination	Qualifying	Reg.No.	Mont	h/Year o	f Pass	Max	x. Marks	Ma	arks Sec	cured	Percentage	
Details of TC ( Transfer Certificate)	T.C No.	T.C.	Date		N	ame o	f Instituti	on		N	ot yet received	
		<u></u>			D 33			M1/57				
Details of Std. X	Nam	e of School	f School		Reg. No	o. Montl		n/Year of pass		SS	Percentage	

Extra Curricular Activities							
Any Award or Prize							
PERMANENT	ADDRESS	COMMUNICATION ADDRESS					
Datails of Davouts/Cuardi							
Details of Parents/Guardi	an						
Father's Name Occupation/Profession Designation Presently working at Phone Number WhatsApp Number (if any) Email ID	SOUSNES SXI	CO S IS IMPORTOR OF THE STATE O					
Mother's Name Occupation/Profession Designation Presently working at Phone Number WhatsApp Number (if any) Email ID		RUM A					
Name and Address of Local Guardian: ( if parents are not residing in Trivandrum)							
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
above are correct and hat I will abide by the rules and regulations of the college.
Date
Place Signature of the Candidate
DECLARATION BY PARENT/GUARDIAN
I,on behalf of my son daughter/wardhereby
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/ daughter/
ward my directly/ indirectly have been responsible for. I hold myself responsible for his/her conduct
and behavior in the College.
Date
Place Signature of the Parent/Guardian
ANDRO
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