

MAR GREGORIOS COLLEGE OF LAW

Mar Ivanios Vidyanagar, Thiruvananthapuram - 695 015, Kerala, India Ph: 0471 -2541120, E-mail: info@mgcl.ac.in, mgcltvm@gmail.com, Web: www.mgcl.ac.in (Managed by the Malankara Catholic Educational Society of the Major Archdiocese of Trivandrum of the Syro-Malankara Catholic Church), Approved by Bar Council of India and affiliated to the University of Kerala

APPLICATION FORM FOR B.A.LL.B, B.B.A. LL.B, B.Com. LL.B LL.M and PG DIPLOMA IN HUMAN RIGHTS

| | ADMIS | BI | <u> // 20</u> | 120 - | - 2021 | IVIA | INAGE | | | | | | |
|---|-------------|-----------------------|---------------|-------|-----------------------------|---------------------|-------------------------|--------------|-----------------|---------------------------|---|------------------|--|
| Application No (For office use only) | | | | | | | | | Affix F | assport | | | |
| Application Fee Details (DD amount Rs. 1000/- in favour of "Director, Mar Gregorios College of Law") | | DD No. | | | Date | | Bank | | | Size Photograph | | | |
| Name of Candidate (in BLOCK letters) | | | | | | | | Name Cour | | | e | | |
| Expansion of Initials (if any) | | | Aadhar N | | | | | | | · No | • | | |
| Phone Numb E-mail of Ca | | | | | | | | | | | | | |
| Date of Birth | | Day M | | onth | :h | | ear | | - | Male/Female) ood Group | | | |
| Nationality | | L | Stat | e | | | | M | other 7 | Tongue | | | |
| Religion | | | Caste | | | | | | Denomination | | | | |
| If Christian, specify $()$ (attach proof) | | Malankara Catholic | | | Malankara Nadar Catholic | | | | Latin tholic | Syro- Malabar | | Others (Specify) | |
| If Malankara Catholic, specify Parish and Diocese | | Parish | | | | | | D | | | | cese | |
| | ent Address | | | | Address for C | | | | | ommunication | | | |
| District & Pincode: | | | | | | District & Pincode: | | | | | | | |
| Father's Name | | | | | | | Mother's Name | | | | | | |
| | | | | | | | | | | | | | |
| Occupation | | | | | | Occupation | | | | | | | |
| Phone number E-mail: | | | | | | | Phone number E-mail: | | | | | | |
| | | | | | | E-man. | | | | | | | |

| (If parents are not re Name and Address Phone No. | | | | | | | | |
|---|---------------------------|-----------|----------------------|-----------|--------|-----------------------|------------------|------------|
| Relationship with the Applicant | | | | | | | | |
| Name of Qualifyin | | | Syllabus | | | | | |
| Name of the School | ol last | attended | | | | | | |
| Marks obtained in the Qualifying Examination | | Reg. No. | Month/Yea of Pass | ar | Max. M | arks | Marks Secured | Percentage |
| (Attach copy of Mark sheet) | | | | | | | | |
| | | | T.C. No. | T.C. Date | | N | ame of Ins | titution |
| Details of TC (Tran | TC (Transfer Certificate) | | | | | | | |
| | | Name of S | School | Reg. No. | | Month/Year of Pass | | Percentage |
| Details of Std. X | | | | | | | | |
| Extra Curricular Activities | | | | | | | | |

DECLARATION

I hereby affirm that the information furnished above and the enclosures submitted by me are true and correct.

Signature of Parent:

Signature of Candidate:

Date: