



FACULTY COUNCIL FOR POST-GRADUATE STUDIES IN LAW  
51/1 HAZRA ROAD, CALCUTTA – 700019

Form of Application for Entrance test for Admission to 1<sup>st</sup> year of Two Year LL.M. course.  
(Session 20 ..... 20 .....)

Roll No. ....

Affix  
Photograph  
and Self  
attest across

This form duly filled in and with documents wherever necessary must reach office of the Secretary, Faculty Council for PG Studies in Law by the date as notified by him. Candidates are required to submit self attested true copies of admit card and or pass mark sheet of their B.A.LL.B/LL.B Examination or equivalent at the time of submission of the application form.

1. Full Name (in block letters)	
2. Address to which all communications are to be sent	
3. (a) College and (b) University from which the candidates passed the B.A. LL.B/LL.B. equivalent Examinations.	(a)  (b)
4. Special claim for admission, if any (No claim will be entertained unless a Certificate is furnished)**	Indicate whether the candidate is S.C./S.T./OBC-A/OBC-B/PWD.? .....

5. Statement of MARKS obtained at the B.A.LL.B/LL.B. Examination

	1 <sup>st</sup> Yr./Pre.		2 <sup>nd</sup> Yr./Int.		3 <sup>rd</sup> Yr./Final		4 <sup>th</sup> Yr.		5 <sup>th</sup> Yr.		Total Marks	Class / Division
	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem	3 <sup>rd</sup> Sem	4 <sup>th</sup> Sem	5 <sup>th</sup> Sem	6 <sup>th</sup> Sem	7 <sup>th</sup> Sem	8 <sup>th</sup> Sem	9 <sup>th</sup> Sem	10 <sup>th</sup> Sem		
Full Marks												
Marks Obtained												

Full Marks in Hons.....

Marks obtained in Hons.....

\_\_\_\_\_  
Signature of the Applicant (in full)

Date : \_\_\_\_\_

\*\* SC/ST/OBC Reservation benefit is available only those candidates who have obtained concerned certificate from Govt. of West Bengal.

\*\*\* Original documents must be produced at the time of submission of form.

# Strike out the clauses, which are not applicable.

FOR OFFICE USE

Serial No. \_\_\_\_\_

Received an application for Entrance Test for admission to 1<sup>st</sup> year of 2 Year LL.M. Course from  
Sri/Sm \_\_\_\_\_ session \_\_\_\_\_.

Date : \_\_\_\_\_

Receiving Asst

(To be filled in by the Applicant)

1. (a) Permanent or Home Address (with the name of the State and nearest railway station with PIN Code) (b) Date of Birth :	(a)  (b)
2. Married or Single	
3. (a) Nationality  (b) Caste (State if belong to S.C./S.T./OBC-A/OBC-B with Certificate from a Competent authority)	(a)  (b)
4. (a) Father's or Mother's Name  (b) Occupation  (c) Income	(a)  (b)  (c)
5. In Service Police Personnel	If Yes then  a) Kolkata Police / West Bengal Police  b) ID Card No.: .....  c) Department : .....

**DECLARATION BY THE STUDENTS**

Important : I shall be a bonafide student of the University and I undertake not to be engaged in any employment or any other work or any other course of studies elsewhere during the period for which I am applying.

If any of the above statements are found incorrect or if it is found that I have in any way contravened the provisions of the rules and regulations relating to eligibility for prosecuting studies at the class or relating to eligibility for taking the University Examination after such studies, my admission will be liable to be cancelled and I shall not be entitled to refund of fees paid by me. Also I find myself to abide by the code of conduct and discipline as may be enforced by the authorities from time to time.

\_\_\_\_\_  
Signature of the Applicant (in full)

Date :

Place :

Contact No. (Land) \_\_\_\_\_

Mobile \_\_\_\_\_

(1) All notices regarding admission namely, selection and payment of Admission Fees, etc will be displayed on Notice Board of the Faculty office at 51/1, Hazra Road, Kolkata – 19.

(2) Competent authorities : District Magistrate or Sub Divisional Office

UNIVERSITY OF CALCUTTA



**ADMIT**

LL.M. Entrance Test \_\_\_\_\_

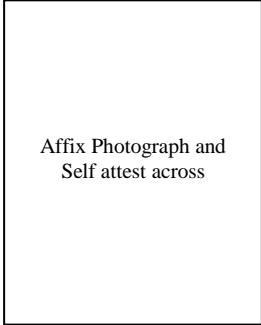
Date of Entrance Test \_\_\_\_\_.

Centre of Entrance Test \_\_\_\_\_.

Name \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

Roll No. \_\_\_\_\_



\_\_\_\_\_  
Signature of the Candidate

Secretary

Date: IssuingAssistant \_\_\_\_\_

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UNIVERSITY OF CALCUTTA



**ADMIT**

LL.M. Entrance Test \_\_\_\_\_

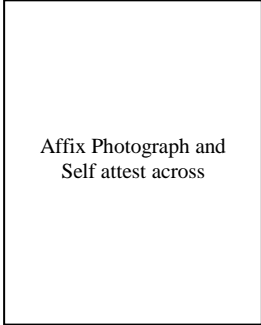
Date of Entrance Test \_\_\_\_\_.

Centre of Entrance Test \_\_\_\_\_.

Name \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

Roll No. \_\_\_\_\_



\_\_\_\_\_  
Signature of the Candidate

Secretary

Date: IssuingAssistant \_\_\_\_\_