

## SARASWATHY LAW COLLEGE

NH 45 Main Road, Olakkur, Tindivanam - 604 305. Affiliated to the **Tamil Nadu Dr. Ambedkar Law University**, Chennai - 600 028. Approved by Bar Council of India, New Delhi.

Website: www.saraswathylawcollege.com Contact No. 98408 48125

## Application for 5 Year B.A., LL.B., Degree Course

Application No: (For Office Use Only)				
1.	Name of the Applicant		Photograph of the Candidate	
2.	Name of the Father/Guardian	:		
3.	Name of the Mother	:		
4.	Address for Communication			
		Pin Code: District:		
		State		
		Email:		
		Candidate's Contact No.		
		Parent's Contact No		
		AR EDUCATIONAL TR	•	
5.	Gender	: Male Female Transgender		
6.	Aadhaar No.	: spopuli est suprema les		
7.	Date of Birth	: DDMMYYYY		
8.	Parents/Guardian Occupation	: Govt. Private Annual Income		
9.	Name of the Organisation	: Designation		
10.	Nationality	:Religion:		
11.	Mother Tongue	:Native District :		
12.	Community	: OC BC MBC/DNC SC ST		
13.	Name of the Caste	:		

14. \*H.S.C/Equivalent Course Marks including languages :

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SUBJECT NAME	MARKS OBTAINED	MAXIUM MARKS	YEAR OF PASSING	REGISTER NUMBER	OF ATTEMPTS		
PART 1: Language							
PART 2: English							
PART 3:							
1							
2					The state of the s		
3							
4							
TOTAL MARKS			PERCENTAGE				

3										
4										
TO	TAL MARKS				PERCENTAGE					
* Sel:	f Attested photo copy o	f the Mark Statem	ents should	be en	closed.					
15.	Name of the Board	d	:						••••••	
16.	Name of the School and :									
	Address									
17.	Medium of Instruc	ction in School								
18.	Application Fee (Rs. 1000/-)		: The online applicants should submit the application along with the Demand Draft in favour of "The Principal, Saraswathy Law College, Tindivanam" for a sum of Rs. 1000/- (Rs. One Thousand only) Payable at Tindivanam							
19.	Application Fees	Details	: Cash	ı 🗀	DD					
	Name of the Bank	k	· · · · · · · · · · · · · · · · · · ·							
	DD Number and Date :									
20.	Parents Photo			Fa	ther's Photo		Mother's F	Photo		
	lso acknowledge tha	t furnishing of f	rs furnish alse infor	ed ah	claration ove are true to b on leads to rejecti	on or my a	knowledge, pplication.			ds
Sig	gnature of the Paren	nt/Guardian.				318	gnature or the	Cand		
Da	ate:									

Place:



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Appl	ication for 3 Year LL.B., Degree Course				
Application No. (For Office use only)	Tear EE.B., Degree Course				
1. Name of the Applicant					
2. Name of the father / Guardian	;				
3. Name of the Mother					
4. Address for Communication					
	MATHY LAW COL				
	pin Code:District :				
	State				
	Email:				
	Candidate's Contact No				
	Parent's Contact No				
5. Gender	Male Female Transgender				
6. Marital Status	: Married Single				
7. Details of the employment (If you are wroking)					
8. Aadhaar No.					
9.Date of Birth	D D M M Y Y Y Y				
10. Parents / Guardian Occupation	: Govt. Private Annual Income				
11. Name of the Organisation	:Designation				
12. Nationality	:Religion				
13. Mother Tongue	:Native District :				
14. Community	: OC BC MBC/DNC SC ST				
15. Name of the Caste					

16. Qualifying Degree :  (Under Graduation only)  17. Name of the College Last Studied :								
18. Name of the University of Qu	ualifying Degree :							
* Total marks in Under Graduate Degree in all Subjects	Maximum Marks	Marks Obtain	HC(I)	ige of Marks subjects)				
* Total marks in	Maximum Marks	Marks Obtain		age of Marks subjects)				
Under Graduate Degree in all Subjects								
* Self Attested photo copy of the N	Mark Statements should be e	nclosed.						
19. Year of Passing Completion	:							
20. Medium of Instruction in Do	egree :							
The online applicants should submit the application along with the Demad Draft in favour of "The Principal, Saraswathy Law College, Tindivanam" for a sum of Rs.1000/- (Rs.one Thousand only) payable at Tindivanam.								
22. Application Fees Details : Cash DD								
Name of theBank	Name of theBank :							
DD Number and Date	:							
23. Parents Photo	Father's Pho	oto Mother's Photo						
Declaration:  I Here by declare the particulars furnished above are true to best of my knowledge, source and records, I also acknowledge that furnishing of false information leads to rejection of my application.								

Signature of the parent / Guardian

Signature of the Candidate

Date:

Place: