#### DR. B.R. AMBEDKAR NATIONAL LAW UNIVERSITY, SONEPAT

(Established by the Haryana State Legislature Act No. 15 of 2012)

#### EXAMINATION FORM (Private/Ex-Student) Annual/Supplementary/Semester/Diploma Examinations (Four Pages)

### **UNDER/POST-GRADUATE CLASSES**

|  | For Ann   | ual Exam/Ser            | nester System                              | (Tick here        | Roll No.                 |                            |
|--|---|-------------------------|--|-------------------|--------------------------|----------------------------|
|  | For Sup   | pplementary I           | Exam Only                                  |                   |                          |                            |
| For Accounts Branch  | h Only  |                         | SB   | Branch            |                          |                            |
| mount Rseceipt Noated  |   | ]                       | M.No                                       |                   |                          |                            |
| (ii) Category: Re  | ice) n appearing (Class in which you lov./Dec./20 Addl. Paper / Cegular | have to appe ompartment | Semest<br>ar otherwise y<br>/Re-appear / F | our exam form v   | vill be re               | jected)                    |
| . DBRANLU Registration   | n No  |                         |  |                   | Г                        |                            |
| . Name in English  |   |                         |  |                   |                          |                            |
| (Capital Letters)  |   |                         |  |                   |                          |                            |
| Name in Hindi  |   |                         |  |                   |                          | Attested                   |
| . Father's Name (In English) (Capital Letters) Name in Hindi   |   |                         |  |                   |                          | Photo be<br>pasted<br>here |
| . Mother's Name  |   |                         |  |                   | <del></del> 1            |                            |
| (In English) (Capital Letters)   |   |                         |  |                   | $\perp \! \perp \! \mid$ | Signature of Candid        |
| Male / Female  |   |                         | TT \                                       |                   | L                        | Signature of Candid        |
| Category to which you     State to which you belo     Particulars of Previous Exa<br>Re-appear/Compartment | ongamination(s) on the  | basis of which          | applying for the                           | present Examinati | <br>on and pr            |                            |
| Name of Class Year   | Session   | Roll No.                | Result (Marl                               |                   |                          | Subjects                   |
|  |   |                         | Obtained)                                  | Board             |                          |                            |
| 0. Subject offered (along)   | <br>with Subject Cod  | e of Papers)            |  |                   |                          |                            |
| (1)  | _   |                         | (4)  |                   | (Code.                   | )                          |
|  |   |                         |  |                   |                          |                            |

| 11. C                 | orres  | oon                             | den                             | ce A           | Add         | ress:      |        |                           |                | _     |                |               | ,      |          |           |               |        |             |              |              |                 |         |        |              |           |                |          |
|-----------------------|--|---------------------------------|---------------------------------|----------------|-------------|------------|--------|---------------------------|----------------|-------|----------------|---------------|--------|----------|-----------|---------------|--------|-------------|--------------|--------------|-----------------|---------|--------|--------------|-----------|----------------|----------|
|                       |  |                                 |                                 |                |             |            |        |                           |                |       |                |               |        |          |           |               |        |             |              |              |                 |         |        |              |           |                |          |
|                       |  | $\exists$                       |                                 |                |             |            |        |                           |                |       |                |               |        | $\dashv$ |           |               |        |             |              |              |                 |         |        | $\dashv$     |           |                | $\sqcap$ |
|                       | Pho  | ne/l                            | <u> </u>                        | le             |             | +          | 1      |                           |                | +     |                |               |        | $\dashv$ | +         | ΡI            | L<br>N |             |              |              |                 |         |        | $\dashv$     |           |                | $\sqcap$ |
| 12. Fe                |  |                                 |                                 |                | Jniv        | v. Re      | eceip  | t No.                     |                |       |                |               |        |          | Da        |               |        |             |              |              |                 |         |        |              |           |                |          |
| 13.                   |  |                                 |                                 |                |             |            | -      |                           |                |       |                |               |        |          |           |               |        |             |              |              |                 |         |        |              |           |                |          |
| 14.                   | 4. Indicate if blind or deaf or permanently              |                                 |                                 |                |             |            |        |                           |                |       |                |               |        |          |           |               |        |             |              |              |                 |         |        |              |           |                |          |
|                       |  |                                 |                                 |                |             |            |        | his/h                     |                | •     |                |               |        |          |           |               |        |             |              |              |                 |         |        |              |           |                |          |
| 15.                   | Hav  | e y                             | ou a                            | ıppl           | ied         | for 1      | re-ev  | aluati                    | on? Y          | es/N  | lо             |               |        |          |           |               |        | F           | Roll         | No.          |                 |         |        |              |           |                |          |
|                       | ClassSession   |                                 |                                 |                |             |            |        |                           |                |       |                |               |        |          |           |               |        |             |              |              |                 |         |        |              |           |                |          |
|                       | If 'yes' indicate date of Revised Result & Revised Marks |                                 |                                 |                |             |            |        |                           |                |       |                |               |        |          |           |               |        |             |              |              |                 |         |        |              |           |                |          |
| 16.                   |  |                                 |                                 |                |             |            |        | neous                     |                |       |                |               |        |          |           |               |        |             |              |              |                 |         |        |              |           |                |          |
|                       |  |                                 |                                 |                |             |            |        |                           |                |       |                |               | Subj   | ect      |           |               |        | • • • • •   |              |              |                 | •••••   |        | •••••        | • • • • • |                | •••      |
|                       |  |                                 |                                 |                |             |            |        |                           |                |       |                |               |        |          |           |               | _      |             |              |              |                 |         |        |              |           |                |          |
| 17.                   |  |                                 |                                 |                |             |            |        | isqual                    |                |       |                |               |        | endi     | ng a      | igai          | nst l  | nim         | /her         | in a         | n Un            | fair    | Mea    | ns C         | Case      | е,             |          |
|                       |  |                                 |                                 |                |             |            |        | stated<br>n               |                |       |                |               |        |          | •         | Vea           | r/S0   | ccio        | 'n           |              |                 |         |        |              |           |                |          |
|                       |  |                                 |                                 |                |             |            |        | U                         |                |       |                |               |        |          |           |               |        |             |              |              |                 |         |        |              |           |                |          |
|                       |  |                                 |                                 |                |             |            |        |                           | mvers          | пу/1  | Juare          | ٠             |        | •••••    | •••••     | ••••          | •••••  | ••••        | ••           | 10           | Hou             | 01      | uis    | qua          | 11110     | ano            | 11       |
| Decla I solen been co | In I<br>ration<br>nnly donceale<br>e, Elig               | Eng<br>1:<br>ecla<br>ed<br>gibi | glish<br>are a<br>there<br>lity | nd a           | affir<br>am | m the elig | at the | for the                   | culars<br>Exam | giver | abo<br>n as    | ve a          | re cor | rect     | and regul | truo<br>latio | e to   | the         | best<br>best | of n         | ny kr<br>ity. I | owle    | edge a | and<br>sulte | notl      | ning<br>Syllal | bus,     |
| Dated                 | l  | •••                             |                                 |                |             |            |        |                           |                |       |                |               |        |          |           |               | SI     | [GN         | AT           | URE          | OF              | ТН      | E C    | AN           | DII       | DAT            | E        |
|                       | (i)  |                                 | Cer<br>Su <sub>l</sub>          | rtific<br>ople | men         | ıtary      | Exa    | passe<br>minati<br>in Anı | on wl          | Exan  | ninati<br>is a | on o<br>quali | fying  | low      | ver ]     | Exa           | mina   | unc<br>tion | ler R        | oll N<br>app | No<br>earin     | <br>g n | the    | exar         |           | Annuation      |          |
| Dated                 | :  |                                 |                                 |                | _           |            |        |                           |                |       |                |               |        |          |           |               | Fu     | II S        | igna         | ture         | e of            | the (   | Cano   | dida         | ıte       |                |          |
|                       |  |                                 |                                 |                |             |            |        |                           |                |       | bear           | s a           | good   | l mo     | oral      | cha           |        |             | _            |              |                 |         |        |              |           | n m            | у        |
| presen                | ice. P   | art                             | icula                           | rs o           | f th        | e ca       | ndida  | ate an                    | d his/l        | ner p |                |               |        |          |           |               |        |             |              |              |                 |         |        |              |           |                | •        |
| Dated                 | :  |                                 |                                 |                |             |            |        |                           |                |       |                |               |        |          |           |               |        | S           | igna         |              |                 |         | ng a   |              | orit      | y              |          |
|                       |  |                                 |                                 |                |             |            |        |                           |                | F     | or C           | ffic          | e use  | onl      | y         |               |        |             |              |              |                 |         |        |              |           |                |          |
| Not E                 | ligible  | dı                              | ie to                           |                |             |            |        |                           |                |       |                |               |        | Dis      | crepa     | ancy          | / in   | the         | admi         | ssion        | fori            | n       |        |              |           |                |          |
|                       | _  |                                 |                                 |                |             |            |        |                           |                |       |                |               |        | 1.       | •         | -             |        |             |              |              |                 |         |        |              |           |                |          |
| Clerk                 | Assi   | sta                             | nt                              |                | S           | uperi      | ntenc  | lent                      |                | A     | R/DF           | 2             |        | 2.       |           |               |        |             |              |              |                 |         |        |              | -         |                |          |
|                       |  |                                 |                                 |                |             |            |        |                           |                |       |                |               |        | 3.       |           |               |        |             |              |              |                 |         |        |              |           |                |          |

#### FOR CENTRE SUPERINTENDENT

Dr. B.R. Ambedkar National Law University, Sonepat

(Established by the Haryana State Legislature Act No. 15 of 2012)

## **Roll No.-cum-Admit Card**Under-Graduate Examination to be filled in by the Candidate

| Class:                          |                      |
|---------------------------------|----------------------|
| Subject:                        | Ticket Size attested |
|                                 | Photograph           |
| Semester System                 |                      |
| April/May/Nov/Dec               |                      |
| Roll No(Assigned by the office) |                      |
| Regn. No                        |                      |
| Name                            |                      |
| Father's Name : Sh              |                      |
| Centre of Exam                  |                      |
| Signature of Candidate          |                      |
|                                 |                      |

**Important:** Mobile Phone, Bluetooth, other electronic gadget etc. in the Examination Centre is strictly prohibited.

Controller of Exams.

#### FOR STUDENT

Dr. B.R. Ambedkar National Law University, Sonepat

(Established by the Haryana State Legislature Act No. 15 of 2012)

# **Roll No.-cum-Admit Card**Under-Graduate Examination to be filled in by the Candidate

| Class:  |                        |
|---|------------------------|
| Subject:  | Ticket Size            |
| Annual or   | attested<br>Photograph |
| Semester System                                     |                        |
| April/May/Nov/Dec.                                  |                        |
| Roll No   |                        |
| Name  |                        |
| Father's Name : Sh.                                 |                        |
| Centre of Exam                                      |                        |
| Signature of Candidate                              |                        |
| Control  This slip is to be preserved by the candid |                        |

**Important:** Mobile Phone, Bluetooth, other electronic gadget etc. in the Examination Centre is strictly prohibited.

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### DR. B.R. AMBEDKAR NATIONALK LAW UNIVERSITY, SONEPAT (Established by the Haryana State Legislature Act No. 15 of 2012)

(This form duly filled in by the candidate in his/her own handwriting must be attached with the examination form) INCOMPLETE ADMISSION FORM WILL BE REJECTED

|    |   |                       |                 |       |       |            |                |    | Roll No. (to be allotted by the office) |  |  |  |  |                            |  |  |
|----|---|-----------------------|-----------------|-------|-------|------------|----------------|----|---|--|--|--|--|----------------------------|--|--|
|    |   |                       | Cor             | nput  | er Fo | <u>orm</u> |                |    |   |  |  |  |  |                            |  |  |
| 1. | Examination for w<br>Session: April/Ma<br>(i) Full papers<br>(ii) (ii) Category | y/Nov./I<br>s / Addl. | Dec./2<br>Paper | 20    | ••••  |            |                |    |   |  |  |  |  |                            |  |  |
| 2. | DBRANLU Regist  | tration No            | o               |       |       |            |                |    |   |  |  |  |  |                            |  |  |
| 3. | Name in English<br>(Capital Letters)<br>Name in Hindi                           |                       |                 |       |       |            |                |    |   |  |  |  |  | Unattested                 |  |  |
| 4. | Father's Name<br>In English<br>(Capital Letters)<br>Name in Hindi               |                       |                 |       |       |            |                |    |   |  |  |  |  | Photo be<br>pasted<br>here |  |  |
| 5. | Mother's Name (In English) (Capital Letters)                                    |                       |                 |       |       |            |                |    |   |  |  |  |  | Signature of Candidate     |  |  |
| 6. | Male / Female   |                       |                 |       |       |            |                |    |   |  |  |  |  |                            |  |  |
| 7. | Category to which y   | you belon             | ıg (Ge          | neral | /SC/S | T/BC       | C/ <b>P.</b> H | .) |   |  |  |  |  |                            |  |  |
| 8. | State to which you  | belong                |                 |       |       |            |                |    |   |  |  |  |  |                            |  |  |
| 9. | Particulars of Previous   | us Exami              | nation          | (s) p | assed |            |                |    |   |  |  |  |  |                            |  |  |

| Name of Class                                   | Year           | Session            | Roll No.          | Result (Marks<br>Obtained) | University/<br>Board | 5            | Subjects       |         |  |  |  |  |  |
|---|----------------|--------------------|-------------------|----------------------------|----------------------|--------------|----------------|---------|--|--|--|--|--|
|   |                |                    |                   |                            |                      |              |                |         |  |  |  |  |  |
| 10. Subject of                                  | fered (alon    | gwith Subject      | Code of Pape      | rs)                        |                      |              |                |         |  |  |  |  |  |
| (1)(Code) (4)(Code)                             |                |                    |                   |                            |                      |              |                |         |  |  |  |  |  |
| (2)   |                | (Co                | de)               | (5)                        |                      |              | (Code)         |         |  |  |  |  |  |
| (3)(Code) (6)(Code) 11. Correspondence Address: |                |                    |                   |                            |                      |              |                |         |  |  |  |  |  |
|   |                |                    |                   |                            |                      |              |                |         |  |  |  |  |  |
|   |                |                    |                   |                            |                      |              |                |         |  |  |  |  |  |
| Phone/M   | obile          |                    |                   | Р                          | IN                   |              |                |         |  |  |  |  |  |
| 12. Fee Detail                                  | : B.D./Univ    | versity Receipt    | No                |                            | Dated                |              |                |         |  |  |  |  |  |
| Declaration<br>I solemnly debeen concea         | leclare and at | firm that the part | iculars given abo | ove are correct and        | true to the bes      | t of my know | ledge and noth | ing has |  |  |  |  |  |
| Date:   | •••••          |                    |                   |                            |                      | Signatur     | e of the App   | licant  |  |  |  |  |  |