



CENTRAL UNIVERSITY OF KASHMIR

Transit Campus: Sonwar, Srinagar – 190 004

Form No. _____

FORM FOR ADMISSON TO LLM

1 Name of the Applicant as in Matriculation Certificate (Leave a blank box between each part of name)

2 Father's Name

Paste your attested recent photograph here

3 Address for Communication (Leave a blank box between each unit of address like House No., Street No.)

City

State

Pin Code

Telephone No. (with STD Code) :

Mobile

e-mail address

4 Date of Birth

Day: ____ Month: ____ Year: ____

5. Category :

General OBC SC PH _____ Others (Please Specify)

Ist Preference

2nd Preference

3rd Preference

4th Preference

6. Examination Centre

7 Details of Qualifying Examination

| Level | University/Board | Year of passing | %age Marks/CGPA |
|-------------------|------------------|-----------------|-----------------|
| Integrated BA/LLB | | | |
| LLB | | | |

8. Details of Fee Paid :

(Please write your name & Enrolment No. at the back of the Demand Draft)

| | |
|--|----------|
| Bank challans / University Receipt No. | |
| Amount | |
| Date | |
| Issuing Branch | |
| Payable at | SRINAGAR |

DECLARATION BY THE APPLICANT

I declare that particulars furnished above are true and correct. I submit that I will abide by the rules and regulations of the University

Place :
Date :

Signature of the Applicant