



INNOVATIVE INSTITUTE OF LAW

Affiliated to CCS University & Approved by BCI
Plot No. 6, Knowledge Park-2, Greater Noida-201308
Tel.: 0120-2328555, 9311637878, 8800596847

ADMISSION FORM

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SESSION

F. No.: _____

Course (Please Tick ✓)

LL.B. (3 Years)

B.A.LL.B. (5 Years)

Full Name of Candidate

School Name and City

Father's Name

Father's Occupation

Mobile No.

Mother's Name

Mother's Occupation

Mobile No.

Date of Birth (DD/MM/YYYY)

Caste SC/ST/OBC/Gen.

Caste Certificate No.

Gender

M F

Examination	Board / University	Year	Subject	Marks Obtained	M.Marks	% of Marks
X						
XII						
Graduation						
Post Graduation						
Others						

Permanent Address _____

State _____

Pin Code _____

Correspondence Address _____

State _____

Pin Code _____

Nationality _____ E-mail _____ Aadhar No. _____

Telephone no. with STD Code (Residence)

10th Serial No.

10th Roll No.

Mobile No.

12th Serial No.

12th Roll No.

Date

Candidate's Signature

Documents Enclosed :

- 10th Marksheet & Certificate
- 12th Marksheet & Certificate
- Graduation Marksheet & Certificate
- Domicile
- PG Marksheet & Certificate
- Migration Certificate / Transfer Certificate
- Caste Certificate
- Gap Certificate
- Character Certificate
- Aadhar Card

I have fully read the information furnished by my son/daughter/ward and affirm that it is true and if it is proved that information is fraudulent, I shall be liable to criminal prosecution.

Date

Father / Guardian Signature

FOR OFFICE USE ONLY

Ref by :

Admission Incharge