



MEWAR UNIVERSITY LAW ADMISSION TEST 2012 MULAT 2012

Gangrar, Chittorgarh, (Rajasthan)-312901
Ph. 01471-220881/2/3/4, Fax: 01471-220886
Website: www.mewaruniversity.org

Choice of Examination Centre

	1st Choice	2nd Choice	3rd Choice
Centre Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Centre Code	<input type="text"/>	<input type="text"/>	<input type="text"/>

Affix your latest passport size colour photograph within the box

Course Applying for LL.B 3Yr. LL.B. 5Yr. Integrated BA-LL.B LL.B. 5Yr. Integrated BBA-LL.B

Are you CLAT / Any other Law Admission Test Qualified, Please Specify?

Yes No If yes, valid CLAT / Law Admission Test score Year

PERSONAL INFORMATION (Exactly as appears in the certificate of qualifying examination)

Student's Name	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Father's Name	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Mother's Name	<input type="text"/>	Nationality	Indian <input type="checkbox"/> Other <input type="text"/>
Category	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Defence <input type="checkbox"/> PH <input type="checkbox"/> Any Other <input type="text"/>		

Address for Correspondence

Name :

Address :

City District.....

State Pin Code :

Permanent Address

Name :

Address :

City District.....

State Pin Code :

Mobile Number (Self)

Telephone Nos. with STD code

Mobile Number (Second)

E-mail

Fee Details

Demand Draft / Payorder No. / Cash Receipt No. Dated Drawn on

Branch of ₹ 1000.00 / ₹ 500.00 (for SC/ST/PH/Girls candidate) in favour of MEWAR UNIVERSITY payable at Chittorgarh (Rajasthan) as Examination Fees.)

QUALIFYING EXAMINATION PARTICULARS

Name of Qualifying Exam	<input type="text"/>
Discipline (Applicable)	<input type="text"/>
Duration & Year of Passing	<input type="text"/>
Name of College/ Institute	<input type="text"/>
Admission Basis	Entrance Exam <input type="checkbox"/> Interview <input type="checkbox"/> Merit <input type="checkbox"/>

INSTRUCTIONS :

- Incomplete Application Form will not be considered
- Read Prospectus carefully before filling the Application Form
- Use Black / Blue Ball Pen only to fill the Application Form
- Write the details in BLOCK LETTERS only
- Demand Draft should be in favour of Mewar University payable at Chittorgarh (Rajasthan)
- Tick Mark (✓) the appropriate box only

Left Hand Thumb Impression of the Candidate

Signature of the Candidate

ACADEMIC QUALIFICATIONS

Exam/Degree	Name of Institute, Board/University	Year of Passing	Medium of Instruction	% of Marks/CGPA/ Overall Grade	Subjects
10th (Matriculation) or its Equivalent					
12th (Intermediate) or its Equivalent					
Graduation or its Equivalent					
Post Graduation or its Equivalent					
Other (if any)					

Declaration

I hereby solemnly affirm that the information furnished by me in the Application Form is true and correct. I have not concealed any information. However, if any information furnished herein is fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution and further that my admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations laid down by the University.

Place :

Signature of the Candidate in running hand
(NOT IN BLOCK LETTERS)Signature of Father / Mother / Guardian*
*(if father & mother not alive)

Date :

Attestation by the Head of Institution / Gazetted Officer

This is to certify that the particulars given in this Application Form including Name, Photograph, Address, Category, Date of Birth and Signature are correct to the best of my knowledge and belief.

Place :

Seal of the Institution/
Gazetted OfficerSignature of Principal/Head of the Institution/
Gazetted Officer

Date :

For Office use only

Name in BLOCK LETTERS _____

Date _____

Signature of Candidate**NOTE : PHOTOCOPY OF THE FILLED APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FURTHER USE.**