

# Dr. B.R. AMBEDKAR UNIVERSITY AGRA

SGM COLLEGE OF LAW AND PROFESSIONAL STUDIES MATHURA

## University Examination form

Class: ...ALL EX EXAM FORM

Class	
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**PERSONAL DETAIL.(Fill in Block Letter)**

Name of the Students:-----

Father's Name:-----

Mother's Name:-----

Date of Birth:-----

Nationality:-----Religion:-----

Address:-----

Pin code:-----Original Residents of-----

Phone No: (1)----- (2)-----

Sex (M/F):-----Medium of 10+2 Exam:-----

Category:-----Sub Category:-----

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SUBJECT	CODE( )

### Detail of Previous Examination

Class	Roll No	Subject	Board/University	Obt. Mark	Max. Mark	Year	Division
10 <sup>th</sup>							
12 <sup>th</sup>							
GREUATION							
LLB/BALLB I							
LLB/BALLB II							
BALLB III							
BALLB IV							

Specimen sign in English

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Specimen sign in Hindi

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