

# Dr. B.R. AMBEDKAR UNIVERSITY AGRA

SGM COLLEGE OF LAW AND PROFESSIONAL STUDIES MATHURA

## University Examination form

Class: .....LLB/BALLB 1<sup>ST</sup> YEAR

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

Name of the Students:-----

Father's Name:-----

Mother's Name :-----

Date of Birth:-----

Nationality:-----

----Religion: -----

Address: -----

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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>							
GRADUATION							
OTHERS							

Specimen sign in English

Specimen sign in Hindi

