

SGM COLLEGE OF LAW AND PROFESSIONAL STUDIES MATHURA

University Examination form Session 2019-20

Class: EXAM FORM

DATE.....

Class -

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 th							
12 th							
GREUATION							
LLB I							
LLB II							
LLB III							

Specimen sign in English

Specimen sign in Hindi