

Dr. B.R. AMBEDKAR UNIVERSITY AGRA

SHRI GIRRAJ MAHARAJ COLLEGE OF LAW AND PROFESSIONAL STUDIES

NEAR GOVERDHAN CHAURAHA MATHURA

University Examination form

Class: -----

EXAM FORM (RE / EX)

DATE.....

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							
GREDUATION (LAST YEAR)							
BA LLB (II/III/IV/V)							
LLB (II/III)							

Specimen sign in English

Specimen sign in Hindi