APPLICATION FORM

CO-OPERATIVE SCHOOL OF LAW

MUTHARAMKUNNU, VENGALLOOR P.O., THODUPUZHA IDUKKI DISTRICT, KERALA - PIN: 685 608 Ph: 04862 - 202444, 202445, 9446386407 Web:

www.csl.ac.in., info@csl.ac.in



Approved by the Bar Council of India and affiliated to the Mahatma Gandhi University (Owned & Managed by The Thodupuzha Taluk Educational Co-operative Society Ltd. No. I-159, Thodupuzha)

Application No. (For office use only) Course Applied: BBA, LL.B B.Com, LL.B Applicant's information 1. Name in Block letters	LLM Passport Size Photograph
 Father's/Guardian's Name Age & Date of Birth Gender: Nationality: Indian NF (a) Religion 	F aste
Category: SC ST Others 6. (a) Permanent Address (in block letters)	(b) Address for Communication (in block letters)
Pin:	Pin:
Phone with	Phone with
STD Code	STD Code
Mob:	Mob:

				Father				Mothe	r	
Nam	ie									
Occu	upation									
Mob.	. Nos.									
		•				•				
	Name of Guardian, if parents are not residing with the student				Relationship with the applicant					
E-ma	ail ID of tl	he parent								
). <u>Ad</u>	ldress wit	h Telephone No	o. of Gua	ardian						
		T								
7	Tel:				Mob	:				_
\vdash	Tel: =-mail				Mob):				_
E	E-mail	nilv Income Rs.			Mob	y:				
E	E-mail	nily Income Rs.			Mob): 				
E 1. An	E-mail inual Fam	nily Income Rs.			Mob): 				
 E 1. An	E-mail	nily Income Rs.			Mob	v:)	
1. An (Ru	E-mail inual Fam upee	nily Income Rs.	mination	details		ı:		arks Secured) Max. Mark	
1. An (Ru	E-mail inual Fam upee		mination	details			M	arks Secured	Max. Mark	
1. An (Ru	E-mail inual Fam upee erala State	e Entrance Exar		details			M	arks Secured	Max. Mark	
1. An (Ru 2. Ke	E-mail inual Fam upee erala State			details	Rol		M	arks Secured	Max. Mark Other Boards	
1. An (Ri 2. Ke (at	E-mail Inual Fam upee erala State	e Entrance Exam of mark sheet)			Rol	No.	M			
1. An (Ru 2. Ke (at	E-mail Inual Fam upee erala State ttach copy Name of	e Entrance Exam of mark sheet) the Qualifying			Rol	No.		ICSE		
1. An (Ru 2. Ke (at	E-mail Inual Fam upee erala State ttach copy Name of	e Entrance Exam y of mark sheet) f the Qualifying n		HSE	Rol	No. CBSE	Time	ICSE		
1. An (Ru 2. Ke (at	E-mail Inual Fam upee erala State ttach copy Name of	e Entrance Exam y of mark sheet) f the Qualifying n	Time	HSE	Rol	No. CBSE	Time	ICSE		

14. Marks obtained in the Qualifying Examination	Reg. No.			Month / Year	
(Attach copy of the mark sheets)	Total Marks Secured		Max	Marks	Percentage

DECLARATION

I hereby affirm that the information furnished and the enclosures submitted by me are true and correct.

Signature of the Candidate: Parents Signature:

Date: Name:

FOR OFFICE USE ONLY

Rank	Admission No.	Date of Admission

COPIES OF DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FORM

- 1. SSLC or Equivalent Certificate to prove date of birth
- 2. Mark list of +2/ CBSE/ICSE/Others