



Affix passport size photograph

**APPLICATION FORM FOR
FOREIGN NATIONALS FOR ADMISSION TO UNDER -GRADUATE COURSES, 2017-2018**

**To
THE REGISTRAR
THE WEST BENGAL NATIONAL UNIVERSITY OF JURIDICAL SCIENCES
DR. AMBEDKAR BHAVAN
12 LB BLOCK, SECTOR III
SALT LAKE CITY
KOLKATA- 700098
PH: +91 33-23357379/25694700-12
FACSIMILE: +91 33-23357422/0511**

Name of the Applicant (in CAPITAL letters): _____

Date of Birth: _____

Gender: _____

Nationality (enclose proof): _____

Passport Number: _____ Passport issuing Country: _____

Date of Issue: _____ Date of Expiry: _____

Details of the qualifying examination passed (Enclose the percentage / conversion certificate in case of Grades): _____

Examination	Passed / appeared (Year)	Board / University / Authority Place and Country	Marks	
			Maximum Marks	Percentage Obtained

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Address for Correspondence (Please include State, Telephone, Facsimile, E-mail details (if any)) (Any change in the address may please be intimated immediately):

Pin code: _____

Phone with STD: _____ Mobile No.: _____

Facsimile: _____

E-mail address: _____

Details of Parents:

	MOTHER	FATHER
NAME		
OCCUPATION AND DESIGNATION		
ANNUAL INCOME		

	MOTHER	FATHER
OFFICE ADDRESS		
PHONE		
FACSIMILE NUMBER		
E-MAIL ADDRESS		

LIST OF ENCLOSURES:

- (i) Copy of the Passport
- (ii) Copy of the statement of marks at the Qualifying Examination (i.e., equivalent Intermediate/ PUC/ HSC. etc) and percentage/ conversion in the case of Grades
- (iii) Copy of the Birth Certificate
- (iv) One Passport size photograph pasted on the Application Form

DECLARATION:

I hereby affirm that the information furnished in the Application Form is true and no material information has been concealed. If any information is found to be false, incorrect or misleading, the University shall have the authority to cancel my candidature / admission without any further enquiry or notice. I undertake to abide by the Regulations and disciplinary rules already in force and such other rules that may be made by the University from time to time, if admitted.

Date: _____

Place: _____

Signature of Parent / Guardian

Signature of Applicant