



# THE WEST BENGAL NATIONAL UNIVERSITY OF JURIDICAL SCIENCES

DR. AMBEDKAR BHAVAN,

12 LB BLOCK, SECTOR – III, SALT LAKE CITY

KOLKATA – 700 098

<http://www.nujs.edu>

TEL: 033-25694700/033-23350765 [EXT: 3040]

APPLICATION FORM FOR ADMISSION IN:

## Post-Graduate Diploma in Intellectual Property Rights Law (PGDIPRL)

(ACADEMIC YEAR: 2017-'18)

### 1. PERSONAL PARTICULARS (in capital letters)

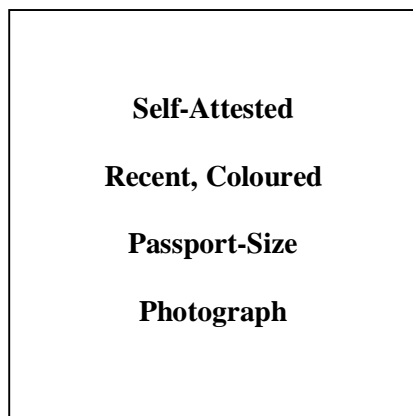
Name of Applicant: .....

Date of Birth: ..... / ..... / ..... (DD / MM / YYYY)

Gender: Male  Female

Nationality: .....

Parent's name: .....



### 2. CONTACT INFORMATION (in capital letters)

Postal Address: .....

City: ..... State: ..... Pin Code: .....

Country: .....

**Permanent Address:** .....  
.....  
.....

**City:** ..... **State:** ..... **Pin Code:** .....  
**Country:** .....

**Telephone No.:** ..... **Mobile No.:** .....

**E-mail Address:** .....

**3. ACADEMIC QUALIFICATIONS (in reverse chronological order)\*:**

Sl. No.	Degree Awarded	Board / University	Year of Award	Percentage

\* Please enclose self attested photocopies of all certificates / mark-sheets (10th standard & above) in support of the details provided hereinabove.

**4. COURSE FEE DETAILS:**

The candidate is to pay the stipulated course-fee by way of **Demand Draft / Pay Order / Banker's Cheque** in favour of: **WBNUJS PGDIPRL**, payable at Kolkata.

**5. DETAILS OF PAYMENT:**

**Demand Draft/Pay Order/Banker's Cheque no:** ..... **Dated:** ..... **Amount:** Rs.....

**Drawn On Bank:** ..... **Branch:** .....

**N.B.:**

- (i) Please attach two (2) **extra** recent coloured passport-size photographs to the duly filled in application form.
- (ii) All the filled in application forms must reach:

**Dr. Anirban Mazumder**

(DIRECTOR, SCHOOL OF DISTANCE & MASS EDUCATION, WBNUJS)

At: Dr. Ambedkar Bhavan, 12 LB Block, Sector – III, Salt Lake City, Kolkata – 700 098

On or before: **30<sup>th</sup> June, 2017**

**6. DECLARATION:**

I declare that the information provided by me in connection with this application is true and complete. I understand that any inaccurate or false information shall render this application invalid and that, if admitted on the basis of such information, my enrolment may be cancelled.

**Date:** .....

**Place:** .....

**(Signature of Candidate)**