



THE WEST BENGAL NATIONAL UNIVERSITY OF JURIDICAL SCIENCES
DR. AMBEDKAR BHAVAN, 12 LB BLOCK, SECTOR - III, SALT LAKE CITY
KOLKATA - 700 098. TEL.: 033-25694700/033-23350765
<http://www.nujs.edu>

Application Form for Admission in Diploma Course on Consumer Law
Academic Year 2017

1. Personal Particulars

Name:

Date of Birth:...../...../.....(dd / mm / yyyy)

Gender: Male Female Others

Nationality:.....

Father's/Mother's/Partner's name :

Whether SC / ST(If yes, provide a self attested copy of the same)

2. Contact Information:

Postal Address

.....
.....

Post Office:..... City:..... State:.....

Pin Code.....Country:.....

Permanent Address

Post Office:..... City:..... State:.....

Pin Code.....Country:.....

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

E-mail:

Self attested recent
coloured photograph
3.5 cm X 3.5 cm



3. Academic Qualifications (chronologically - starting with the latest):

Sl. No.	Degree	Board/University	Year of Passing	Percentage

Enclosed are self attested photocopies of certificates, mark sheets (10th standard and above) in support of the above.

4. Course Fee details

The application fee is Rs. 8,000 /- is non-refundable. The candidate must pay the fee by way of Demand Draft/Pay Order/Banker's Cheque in favour of "WBNUJS " **payable at Kolkata.**

5. Details of payment

Demand Draft No..... Date Amount (Rs).....

On Bank..... Branch.....

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 enrollment may be cancelled.

** Two additional recent coloured photographs (size: 3.5 cm X 3.5 cm) are also attached.

*** In case the students cannot submit the final results / marksheets / certificates of graduation they shall provide an undertaking to submit such by **Feb 15th, 2017**, failing which their enrolment for the course shall be cancelled and fees for such will not be refunded under any circumstances.

(Signature of the Candidate)

Date :

Place :