

APPLICATION FORM ALL INDIA JET-2017

COURSE INTERESTED FOR: (Tick the appropriate Box)

BA.LLB
(5 Years)

Photo

Student's Name

Date of Birth (DD/MM/YY)

Father's Name

Father's Occupation

Permanent Address

City

State Country Pin

Phone No. Mobile No.

E-mail

EDUCATIONAL QUALIFICATION

Name of Exam.	School / College	Board / University	Year of Passing	Result (%)
XII				
Graduation				
Any Other				

Student's Signature