



**S.K.ACHARYA INSTITUTE OF LAW, KALYANI UNIVERSITY
CAMPUS, KALYANI,
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A UNIT OF:

SIKKIM BENGAL EDUCATIONAL TRUST

PHOTOGRAPH

FORM NO.....

1. Name of Student(use BLOCK letters) Middle Name Last Name

2.Father's Name /Husband's Name :

3. Mother's Name:

4.Permanent Home Address & Communication Address, if any:

ADDRESS

5. Telephone numbers of Candidate :

6. Email :
7.Date of Birth as per Secondary or Higher Secondary Certificate : DD/MM/YEAR

8. Age of Student as on 1st July : DD/MM/YEAR 9. Sex: MALE FEMALE

10.Nationality : Nationality 11. Whether belongs to General/SC/ST/OBC Category :
GEN SC ST OBC

12. Blood Group :

13. Father's/Mother's Office Address & Phone Numbers :
Email:

14. Academic Qualification:

15. Annual Family Income : Rs. 16. Married Unmarried

17. Higher Secondary or Equivalent Examination: Passed Appeared & waiting for result

18. Higher Secondary or Equivalent Examination :
Name of Examination:
Name of Board/Council/University:
Year: Roll No. :
Name of School/College:
Total Marks: Marks Secured: Percentage of Marks:
Distinction, if any:

19. Secondary/Madhyamik/School Final Examination :
Name of Examination:
Name of Board/Council/University:
Year: Roll No. : Distinction, if any:
Name of School/College:
Total Marks: Marks Secured: Percentage of Marks: