



**S.K.ACHARYA INSTITUTE OF LAW, KALYANI UNIVERSITY
CAMPUS, KALYANI,
DIST.NADIA- 741235, WEST BENGAL**

Phone: 08902674310/ 95644 33322/ 089614 73848/ 033-25809895

Email: contact@skail.org Website: www.skail.org

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:

20.Name of School/College:
Total Marks: Marks Secured: Percentage of Marks:

21. Whether, the candidate is pursuing any other course of study : Yes No
22. If yes, details thereof :
23. Whether Hostel Accommodation is needed : Yes No
24. Whether candidate has any medical condition/history : Yes No
- 25.If Yes Details thereof:
26. Adhaar Number of Candidate:

I, therefore, declare that the information's given hereinabove by me are true to the best of my knowledge and belief. Incase any information furnished above are found incorrect, my admission shall be liable to be cancelled.I have read the prospectus carefully and I agree to abide by all the rules and regulations of S.K.Acharya Institute of Law & the University of Kalyani as in force from time to time.

Date:

Place:

Signature of Student

INSTRUCTIONS:

1. Application form should be filled in by the student legibly in his/her own handwriting.
2. Incomplete Application forms are liable to be rejected.
3. Attested Photostat copies of the following documents should be enclosed with the admission form:
 - Mark sheet of the Madhyamik/Higher Secondary (10+2)or Equivalent examination.
Candidates who have appeared at the above examination and who are awaiting their results by current year can submit their Application Form. However, they must state the fact in the prescribed column i.e Column 17, in the Application Form
 - Proof of Age – Birth Certificate or Admit Card/School Certificate mentioning the date of Birth.
 - SC/ST/OBC Certificate – In case of candidates belonging to SC/ST/OBC category
 - Recent Passport size colour photographs – One pasted on the Application Form and two extra copies along with the Application Form.
 - Receipt (perforated) along with the form to be given to the candidate
 - Application should be sent by registered post to:
The Teacher-in-Charge, S. K. Acharya Institute of Law,
SKAIL Admission Cell,
Kalyani University Campus, Kalyani,
Nadia District, West Bengal 741235
Ph. : 08902674310/ (033) 25809895
E-mail: contact@skail.org
 - Anti Ragging affidavit charge of Rs.200 to be paid at the time of admission only.
 - After admission of the candidate, no refund shall be initiated

For Office Use

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Received with thanks from Mr./Ms.....
duly filled in admission form no..... for 5 year integrated B.A.LL.B (HONOURS) course
for the session 20.....on.....

FOR SKAIL