People's Education Society's

## ADV. BALASAHEB APTE COLLEGE OF LAW (5 Year Course)

(Affiliated to University of Mumbai)

For Office Use Only

| Application  | Application for Admission to the First Year LL.B./B.L.S. (Sem – II) Five Year Course Examination |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       | ,       |                      |  |  |
|--|--|----------------------------------|-----------|----------|------------|----------|----------|--------|-----------------------------|--------------------------------|-----------------------|--|---|-------|----------------|------------------------|-----------------|-------|---------|----------------------|--|--|
| IMPORTANT INSTRUCTION: Enter all particulars neatly in CAPITAL letters with DARK BLACK PEN   |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| To be entered by the College Office (Don't use RUBBER STAMP for College code number)   |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       | Rs.            |                        |                 |       |         |                      |  |  |
|  |  |                                  |           |          |            |          |          |        |                             |                                | ge Code No. Appl. No. |  |   |       |                |                        |                 |       |         |                      |  |  |
| 1 = Provisional 1 = First Half   |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                | Recei                  | ipt N           | 10.:  |         |                      |  |  |
| 0 = Non-Provisional 2 = Second Half  |  |                                  |           | J [      |            |          |          | 1      |                             |                                |                       |  |   |       |                | Date:                  |                 |       |         |                      |  |  |
| Whether Candidate falls under Enrolment/ Eligibility Category ? 1 = Yes, 2 = No.  Whether the Eligibility 1 = Yes, 2 = No.   |  |                                  |           |          |            |          |          |        | is Co                       | Confirmed ?                    |                       |  |   |       |                |                        | Signature:      |       |         |                      |  |  |
|  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| 1. NAME Surname  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
|  |  |                                  |           |          |            | +        |          |        |                             |                                | <u> </u>              | <u>                                       </u> |   |       |                |                        |                 |       |         |                      |  |  |
| First /Own Name  |  |                                  |           |          | <u> </u>   | <u> </u> | <u> </u> |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| Father's /Husband's First Name   |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| Mother's First Name  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| 2. The above name in <b>DEVANAGARI SCRIPT (in Marathi)</b>   |  |                                  |           |          |            |          |          |        |                             |                                | _                     |  |   |       |                |                        |                 |       |         |                      |  |  |
|  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| Surname First  |  |                                  |           |          | е          | Fa       | ther'    | s /Hı  | usba                        | band's First Name              |                       |  |   |       | Mother's Name  |                        |                 |       |         |                      |  |  |
| 3. COMPLETE POSTAL ADDRESS   |  |                                  |           |          |            |          |          |        | 4. Sex                      |                                |                       |  |   |       |                | 5. EB                  |                 |       | EBC.    |                      |  |  |
|  |  |                                  |           |          |            |          |          |        |                             | /lale<br>Fem:                  | ale                   |  |   |       |                | 1 = EBC<br>2 = Non-EBC |                 |       |         |                      |  |  |
| 6. Cate  |  |                                  |           |          |            |          |          |        |                             |                                | Female                |  |   |       |                |                        | 7. Student Type |       |         |                      |  |  |
|  |  |                                  |           |          |            |          |          |        |                             |                                | Open 4 = NTB          |  |   |       |                |                        | 1 = Student     |       |         |                      |  |  |
|  |  |                                  |           |          |            |          | _        | 1      |                             |                                |                       | NT 1   |   |       |                | 2 = <b>7.A</b>         | Ex-             | Stud  | ent L   |                      |  |  |
| l —  |  |                                  |           |          |            |          |          | 1      |                             | ST 6 = NT 2<br>DTA 7 = OBC/SBC |                       |  |   |       |                | 7.A<br>1 = P.H.        |                 |       |         | $\neg$               |  |  |
| PIN  |  | Tel./Mo                          | b. No. (I | f any)   | )          |          | _        |        |                             | , .                            | •                     | 020,   |   |       |                | 2 = BI                 |                 |       | L       |                      |  |  |
|  |  | 10. CENTRE OF EXAMINATION        |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| O Cubinate official American Control of the Control |  |                                  |           |          |            |          |          |        |                             |                                |                       |  | Centre (For item No. 10 on the form)  Centre Number Centre Name |       |                |                        |                 |       |         |                      |  |  |
| 8. Subjects offered Answering Language (1 = English 2 = Marathi 3 = Hindi)   |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         | $\neg$               |  |  |
|  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  | DADAR  Candidate will not be allowed to change once selected    |       |                |                        |                 |       |         |                      |  |  |
|  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         | Students<br>Mofussil |  |  |
| Subject Code Subject Name  |  |                                  | Only:     |          |            |          | Mark     |        | and Vice-versa  01 - MUMBAI |                                |                       |  |   |       | 06 - RATNAGIRI |                        |                 |       |         |                      |  |  |
|  |  |                                  |           | Lar      | nguage     |          | -        | ptio   | - 1                         | 02                             | -                     | DAD  | AR  |       |                | 07                     | -               | ALIE  | 3AG     |                      |  |  |
| Compulsory<br>Subject  |  |                                  |           |          |            |          |          |        |                             | 03                             | -                     | AND  | HER   | RI    |                | 80                     | -               | VAS   | iΗI     |                      |  |  |
|  |  |                                  |           |          |            |          |          |        | 04 - GHATKOPAR              |                                |                       |  |   |       | 09 -           |                        |                 |       |         |                      |  |  |
| 0 1  | Political Science - I  |                                  |           |          |            |          |          |        | 05                          | -                              | THA                   | NE   |   |       | 10 - ORAS      |                        |                 |       |         |                      |  |  |
| 0 2 History  |  |                                  |           |          |            |          |          |        | 11 To be filled in by Re    |                                |                       |  |   |       | noatore        |                        |                 |       |         |                      |  |  |
|  | Legal Writing & Legal  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   | -     |                |                        |                 |       |         |                      |  |  |
| 0 3  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  | L.B./B.L.S.<br>xam Last Appeared                                |       |                |                        |                 |       |         |                      |  |  |
|  | Language   |                                  |           | '        |            |          |          |        | '                           | Last                           | Sea                   | t Nur  | nber  |       | Мо             | nth                    |                 |       | Yea     | ar                   |  |  |
|  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| 9. Details of Fir  | st Year (Sem - I) F  | PRE-LAW                          | B.L.S.    | <br>Exam | inatio     | <u> </u> |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| 1 = F  |  | 12. Year in which kept terms for |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| 2 = F  | ned  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| Seat Numb  | mpt)   |                                  | FIFS      | t yea    | ır LL      | .B./E    | 3.L.S    | . (Sen | n- II                       | ) 20                           | - 2                   | U  |   |       |                |                        |                 |       |         |                      |  |  |
|  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| To,  |  |                                  |           |          |            |          | -        |        | '                           |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| Principal,   |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| Adv. Balasaheb Apt<br>Mumbai - 400 028.  | te College of Law  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| Sir,   |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
|  | n to present myself  | for the e                        | nsuing e  | xamina   | ation. I h | ave re   | mitted   | the p  | oresci                      | ribed                          | fee fo                | or the   | same  | e acc | ordin          | gly and                | d the           | infor | rmatior | า                    |  |  |
| furnished above is co  | orrect.  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
|  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  |   |       |                |                        |                 |       |         |                      |  |  |
| Place :  |  |                                  |           |          |            |          |          |        |                             |                                |                       |  | Sig   | natur | re of t        | the can                | <br>ndida       | ate   |         |                      |  |  |
| Date :   |  |                                  |           |          |            |          |          |        |                             |                                |                       |  | ,   |       |                |                        |                 |       |         |                      |  |  |