(Affiliated of the University of Kalyani and Approved by the Bar Council of India, Govt. of West Bengal)
P.O.- KANDI, DIST.- MURSHIDABAD, PIN - 742137

| Website :- w   | ww.bcckandi.org + E-mail                               | :- bcckandi@gmail.com + Pt            | n. No 8389821022            |  |
|--|--|---------------------------------------|-----------------------------|--|
| (For Office use only)  |  |                                       |                             |  |
| Date of Admission  | Passport Size - Coloured                               |                                       |                             |  |
| SectionSes   |  |                                       |                             |  |
|  |  | e Applicant in Block Letters          |                             |  |
| I. Name of the Applicant (in   | Block Letters):  | A A A A A A A A A A A A A A A A A A A |                             |  |
| 2. Banglar Uccha Shiksha St  |  |                                       |                             |  |
| 3. E-mail ID:  | an an indicate   | · '.                                  |                             |  |
| 4. Father's/Husband's Name   | t amaging the ray or a                                 |                                       |                             |  |
| Qualification:   | Occupation:  | Contact No:                           | E-mail:                     |  |
| 5. Mother's Name:  | ( Marin - while a w                                    |                                       |                             |  |
| Qualification:   | Occupation:  | Contact No:                           | E-mail:                     |  |
| 6. Name of the Guardian, if  | the father is not alive:                               |                                       |                             |  |
| 7. State Annual income of th   | e family (if BPL Attached C                            | ertificate):                          |                             |  |
| 8. Parmanent Address (With   | nearest Rly Station): Vill                             |                                       |                             |  |
| P.O  | P.S  | Sub-Division                          | on-                         |  |
| Dist   | PIN  | State-                                | Rly Stn                     |  |
| 9. Present Address: Vill   |  |                                       |                             |  |
| P.O  | P.S  | Sub-Division                          | on-                         |  |
| Dist   | PIN  | State-                                | Rly Stn                     |  |
| 10. Aadhar Card No. (Attack  | a Self Attested Xerox Copy)                            | •                                     | the second of the second of |  |
| 11. Nationality:   |  | 12. Religion:                         |                             |  |
| 13. Whether Gen/SC/ST/OB   | C-A/OBC-B (Certificate to b                            | pe attached):                         |                             |  |
| 14. Whether Students is Spec   | cially Abled:  |                                       |                             |  |
| 15. Date of birth (Proof to be   | attached):   |                                       |                             |  |
| 16. Blood Group (Attach document): 17. Marital Status:                         |  |                                       |                             |  |
| 18. Whether the Applicant ha   | as joined in any other full tin                        | ne course please specify:             |                             |  |
| 19. WBCHSE or any other C  | ouncil Regn. No. & Year:                               |                                       |                             |  |
| 20. Kalyani University Regn.   | No. and year (if any):                                 | n india dalah indipelah sabagsan<br>T |                             |  |
| <ol> <li>Extra Curricular activities<br/>(Attested copy of Certific</li> </ol> | s and sports if so details ther<br>ate to be attached) | reof :                                |                             |  |
| 22. How do you know abou   | ut us?: Advocate                                       | Friend Ex-Student                     | Teacher Others              |  |
|  |  |                                       |                             |  |
| Phone No 8389821022  |  |                                       | Form No 2                   |  |
| Received from Sri/Sm/  | Smt  |                                       |                             |  |
| Application for admiss   | ion in the 5 Year B.A.                                 | LL.B (H) Course for the               | session 2024-25             |  |

Received
Signature of Admission Department
BIMAL CHANDRA COLLEGE OF LAW
Kandi, Murshidabad

23. Examination passed:

| Name of Pear Will Division of School of Council                | ame of the cil/University of the Examination Examination Full Marks Secured/ Grade Percentage Of Marks |
|--|--|
| (Whe   | Grade .  |
| H.S(10+2)  |  |
| Marks(Subject wise obtained in H.S. or Equivalant Examination) |  |

| Other Qualification or (if any please specify)  | *************************************** |                                  |   |
|---|---|----------------------------------|---|
| **Marks Compared & Verified by  | *************************************** |                                  |   |
| Signature and Office Seal (For office use)  |   |                                  | Date  |
| (1 declare that the statements made above are correct. If fou I agree to abide by all the rules and regulations of this College attend the classes as per University rules and shall pay my dues College which I shall be liable to such disciplinary action as the | and University<br>in prescribed t       | in force durin<br>ime to the Col | ng my studies in this College. I shall regularly<br>lege and shall maintain discipling violation of |
| Place   |   |                                  |   |
| Date  |   |                                  | Signature of the student  |
| (Isolemnly conduct that in the event of he/she being adm responsibility of his/her conduct there and for his/her ful there.   | nitted in the E                         | Bimal Chan                       | dra College of Law. I undertake full  |
| Address   |   |                                  |   |
|   | Stamp Size<br>Colour Photo              | Stamp Size                       | •   |
| WhatsApp No. of student   | of Mother                               | of Father                        | Signature of Father/Guardian/Husband  |
| Date  |   |                                  | 0,1   |
|   |   |                                  |   |
|   |   |                                  | Signature of Mother   |

- N.B.- All entries are to be made in the candidate's own handwriting and incomplete forms will not be entertained. Duly filled in form is to be submitted within notified date to the college office. Names of selected candidates will be notified through notice(s) in Notice Board.
  - \* The annual course fee may be revised year to year or as the college deems fit.
  - \* All self attested testimonials original Mark Sheet and Admit Card of M.P. & H.S. or equivalent and original school leaving certificate are to be produced at the time of admission.
  - \* All the matters regurding Admission is to be resolved by the College Authority.
  - \* If a candidate refused to continue his course within one (1) month from the date of admission then his case will be considered by Admission Committee.