

Last date for receipt of filled in form: 2nd April, 2011

SIDE-1

COMMON LAW ADMISSION TEST - 2011

DO NOT FOLD

(NLSIU-Bangalore, NALSAR-Hyderabad, NLIU-Bhopal, WBNUJS-Kolkata, NLU-Jodhpur, HNLU-Raipur, GNLU-Gandhinagar, RMLNLU-Lucknow, RGNUL-Patiala, CNLU-Patna, NUALS-Kochi)
Organizing University: The West Bengal National University of Juridical Sciences, (WBNUJS)
Dr. Ambedkar Bhawan, 12, LB Block, Sector-III, Salt Lake, Kolkata-700098
Phone No: 033-2335 0534 / 7379 / 0765 Fax - 033-2335 0511
Email: helpdesk@clat.ac.in website: www.clat.ac.in

APPLICATION FORM FOR UNDER (LL.B) / POST (LL.M) GRADUATE COURSES, 2011 - 2012

SEND THE APPLICATION FORM ONLY IN THE ENVELOPE PROVIDED WITH THE BROCHURE

1. NAME OF THE APPLICANT (FIRST NAME, MIDDLE NAME & LAST NAME) (in CAPITAL Letters)

Grid for entering applicant name in capital letters (A-Z).

2. Applied For

UG (LL.B) 1
PG (LL.M) 2

3. GENDER

MALE 1
FEMALE 2

4. DATE OF BIRTH

Date, Month, Year grid.

5. RESIDENCE

RURAL 1
URBAN 2

7. RELIGION

HINDU 1
MUSLIM 2
CHRISTIAN 3
OTHERS 4

8. CATEGORY

GENERAL 1
SC 2
ST 3
BC 4
EXTREMELY BACKWARD CLASS (EBC) 5
WOMEN OF BACKWARD CLASS (WBC) 6
OBC 7
PERSONS WITH DISABILITY 8
FREEDOM FIGHTER DEPENDENTS 9
PROFESSIONALS (5 YR. EXP. IN HUMAN RIGHTS) 10
ANCESTRAL RESIDENT OF VILLAGE SIDHUWAL, DIST. PATIALA 11
SONS/DAUGHTERS OF DEFENCE PERSONNEL DEPLOYED IN U.P. OR DEFENCE PERSONNEL OF U.P. EITHER RETIRED OR KILLED / DISABLED IN ACTION 12

9. DOMICILE (Please enclose proof)

ANDHRA PRADESH 1
CHHATTISGARH 2
GUJARAT 3
KERALA (NATIVITY) 4
MADHYA PRADESH 5
PUNJAB 6
UTTAR PRADESH 7
OTHERS 8

10. N.R.I.

N.R.I 1
N.R.I SPONSORED 2

11. QUALIFYING EXAM

PASSED 1
APPEARING 2
HSC 3
10+2 4
PUC 5
B.L 6
LL.B 7
OTHERS 8

12. YEAR OF PASSING

Year of passing grid.

13. PERCENTAGE OF MARKS

Percentage of marks grid.

SPECIMEN COPY

USE HB PENCIL ONLY

SPECIMEN COPY

D0170

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14. PHOTOGRAPH

(DO NOT STAPLE / PIN)
PASTE FIRMLY YOUR RECENT COLOUR PHOTOGRAPH OF GOOD QUALITY (SIZE 3.5 x 4.5 CMS)
PLEASE WRITE YOUR NAME AND APPLICATION NO. ON THE BACK SIDE OF THE PHOTOGRAPH BEFORE AFFIXING

15. ADDRESS FOR CORRESPONDENCE (Please include State, Telephone, Fax, email details if any)(Any change in the address should be intimated immediately to the CLAT office in writing) Write with black Ball Point Pen ONLY. USE CAPITAL LETTERS ONLY. (Do not Use Pencil)

NAME :
ADDRESS :
PIN CODE :
Phone (with ISD/STD):
Mobile: Fax:

16. FULL SIGNATURE OF THE CANDIDATE (IN BLACK INK BALL-POINT PEN)

Signature box.

17. E-MAIL ADDRESS (IF ANY)

E-mail address box.

APPLICATION NUMBER

18. TEST CENTRE CODE

(is mandatory to fill all the three preferences, for details see col. 23)

P1		P2		P3	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

19. ANNUAL INCOME

BELOW ₹ 50,000	①
₹ 50,001 to ₹ 1,00,000	②
₹ 1,00,001 to ₹ 2,00,000	③
₹ 2,00,001 to ₹ 3,00,000	④
₹ 3,00,001 to ₹ 5,00,000	⑤
ABOVE ₹ 5,00,000	⑥

20. MOBILE NUMBER

0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
●	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9	9

21. LIST OF ENCLOSURES

	YES	NO
DD OF ₹ 2500/- (₹ 2000/- FOR SC/ST)	①	①
COPY OF MATRICULATION (AS PROOF OF DATE OF BIRTH)	②	②
COPIES OF QUALIFYING EXAMINATION (AS APPLICABLE) CERTIFICATE WITH MARK SHEETS	③	③
ATTESTED COPIES OF RELEVANT RESERVED CATEGORY CERTIFICATES (AS APPLICABLE)	④	④
COPIES OF NRI / NRI SPONSORSHIP CERTIFICATE (AS APPLICABLE)	⑤	⑤
COPY OF THE DOMICILE CERTIFICATE (AS APPLICABLE)	⑥	⑥

22. FOR DETAILS OF PARENTS: (Use Black Ball Point Pen only)

FATHER'S NAME

MOTHER'S NAME

GUARDIAN'S NAME (IF APPLICABLE)

OCCUPATION

OFFICE ADDRESS

PHONE NO. (WITH ISD/STD CODE) **FAX NO.** **MOBILE NO.**

EMAIL

23. FOR CENTRE CODE

CENTRE CODE	CENTRE	CENTRE CODE	CENTRE	CENTRE CODE	CENTRE	CENTRE CODE	CENTRE
01	BANGALORE	06	GANDHINAGAR	11	JODHPUR	16	PATIALA
02	BHOPAL	07	GUWAHATI	12	KOLKATA	17	PATNA
03	CHANDIGARH	08	HYDERABAD	13	LUCKNOW	18	RAIPUR
04	CHENNAI	09	JAIPUR	14	MUMBAI		
05	COCHIN	10	JAMMU	15	NEW DELHI		

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24. FOR DECLARATION (use black ball point pen for signature)

I hereby affirm that the information furnished in the application form is true and no material information has been concealed. If any information is found to be false, incorrect or misleading, Convenor Clat 2011 shall have the authority to cancel my candidature/ admission without assigning any reason, further enquiry or notice.

I undertake to abide by regulations and disciplinary rules already in force and such other rules that may be made by the respective university from time to time, if admitted.

I further undertake that the categories to which I belong as indicated by me in the application form shall be irrevocable.

Place : _____

Date : _____

SIGNATURE OF PARENT / GUARDIAN
SIGNATURE OF APPLICANT