



DR. B.R. AMBEDKAR NATIONAL LAW UNIVERSITY, SONEPAT
(Established by the Haryana State Legislature Act No. 15 of 2012)

NOTICE

Dated 29.10.2021

It is informed to all the students of 1st Year B.A. LL.B.(Hons.) Five Year Integrated Course (2021-26 Batch) to fill the requisite particulars in Google Form <https://bit.ly/3mqniRd> upto 07.11.2021 so that their I-Card may be issued.

Further, these students are also required to submit duly filled in Admission Form to Academic Branch at academic@dbranlu.ac.in upto 07.11.2021, which is available herewith this Notice.

This may be treated as ***Most Urgent & Date Bound.***

Sd/-
Deputy Registrar (Acad.)

Endst. No: DBRANLU/Academic/2021/509-513

Dated: 29.10.2021

A copy of the above is forwarded to the following for information and necessary action:

1. Incharge, Department of Law, DBRANLU, Sonapat.
2. Dean Students Welfare, DBRANLU, Sonapat.
3. P.S. to Vice-Chancellor (for kind information of Hon'ble Vice-Chancellor), DBRANLU, Sonapat.
4. P.A. to Registrar (for kind information of W/Registrar), DBRANLU, Sonapat.
5. IT Cell, DBRANLU, Sonapat, with request to upload the **Notice alongwith Admission Form** on the University Website.

Sd/-
Supdt. (Academic)
for Deputy Registrar



ADMISSION FORM FOR SESSION 2021-22

B.A. LL.B. (HONS.) FIVE YEAR INTEGRATED COURSE

TO BE ALLOTTED BY THE DBRANLU OFFICE

1. UNIVERSITY ROLL NO. : _____
2. UNIVERSITY REGD. NO. : _____
3. ANTI-RAGGING AFFIDAVIT : _____

**Paste
Passport
Size Photo**

FOR STUDENTS

1. **NAME** (IN CAPITAL LETTERS) : _____
2. **DATE OF BIRTH** : _____ **AGE** _____
3. **GENDER** : MALE FEMALE THIRD GENDER (TG)
MOBILE NO. _____
EMAIL ID _____
AADHAAR NO. _____
PARIVAR PEHCHAN PATRA NO _____
4. **FATHER'S NAME** : _____
OCCUPATION : _____ **MOBILE NO.** _____
EMAIL ID _____
5. **MOTHER'S NAME** : _____
OCCUPATION : _____ **MOBILE NO.** _____
EMAIL ID _____
6. **POSTAL ADDRESS** : _____
7. **PERMANENT ADDRESS** : _____
8. **CANDIDATE'S CATEGORY (TICK)** : **UR-AIC, SC-AIC, ST-AIC, OBC-AIC, EWS-AIC, UR-HR, SC-HR, BCA-HR, BCB-HR, EWS-HR, WLRGEC**
9. **CATEGORY ALLOTTED IN ADMISSION** :

Abbreviations:

UR-AIC	Unreserved-All India Category
SC-AIC	Scheduled Caste-All India Category
ST-AIC	Scheduled Tribes-All India Category
OBC-AIC	Other Backward Class- All India Category
PWD-AIC	Economically Weaker Section-All India
UR-HR	CategoryUnreserved-Haryana Resident
SC-HR	Scheduled Caste-Haryana Resident Backward
BCA-HR	Class Block 'A'- Haryana ResidentBackward Class
BCB-HR	Block 'B'-Haryana ResidentEconomically Weaker
PWD-HR	Section -Haryana Resident
WLRGEC	Ward of Land owners whose land has been acquired under land acquisition policy for Rajiv Gandhi Education City, Sonapat.

10. NATIONALITY : _____
 11. CANDIDATE'S RELIGION : _____
 12. LOCAL GUARDIAN : NAME: _____ COMPLETE ADDRESS: _____

 : _____ MOBILE NO. _____
 EMAIL ID _____

THE STUDENT MUST NOTIFY ANY CHANGE IN ANY ADDRESS OR OTHER DETAILS TO THE UNIVERSITY OFFICE.

QUALIFICATION: 10TH / MATRIC ONWARDS

SR. NO.	EXAM PASSED	YEAR OF PASSING	ROLL NUMBER	NAME OF THE BOARD/UNIVERSITY	MARKS OBTAINED	MAX. MARKS	PERCENTAGE / CGPA	SUBJECTS
1.	10 th							
2.	12 th							
3.								

CLAT DETAILS:

1.	CLAT ADMIT CARD NO.	:	_____
2.	ALL INDIA CLAT RANK	:	_____
3.	MARKS OBTAINED (CLAT)	:	_____

Have you ever been punished for misbehavior or for using unfair means in an educational institution? If yes, give full details _____

Are you medically fit? _____

Are you undergoing any medical treatment? If yes, give full details _____

HOBBIES:

(I) _____

(II) _____

DECLARATION BY THE CANDIDATE

I _____ Son / Daughter / TG of Sh. _____
 R/o _____ Dist. _____ State _____ hereby
 declare that the information given by me in the admission form and in the documents attached herewith are true
 to the best of my knowledge and belief, and no relevant information relating thereto has been concealed. I am
 also aware of the fact that in case any part of the information provided by me is found to be incorrect, I am liable
 to be punished and the institution may cancel my admission to the course to which I am admitted.

PLACE : _____

SIGNATURE OF THE CANDIDATE

DATE : _____

SIGNATURE OF PARENTS/GUARDIAN

FEE PAYMENT DETAILS

CASH	HDFC Q-Fix
Receipt No.	Ref. No.
Date	Date



Dr. B.R. AMBEDKAR NATIONAL LAW UNIVERSITY, RAI, SONIPAT

(Established by the Haryana State Legislature Act No. of 15 of 2012)

CHECKLIST OF DOCUMENTS ATTACHED

NAME			
FATHER NAME			
ALL INDIA CLAT RANK			
ADMIT CARD NUMBER			
1.	THREE PASSPORT SIZE PHOTOGRAPHS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	PROOF OF DATE OF BIRTH – EITHER OF THE FOLLOWING BIRTH CERTIFICATE / MATRIC CERTIFICATE / COPY OF PASSPORT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	10+2 CERTIFICATE – DETAILS MARKS CARD (DMC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	CHARACTER CERTIFICATE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	MIGRATION CERTIFICATE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	CLAT ADMIT CARD	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.	CLAT SCORE CARD	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.	CATEGORY CERTIFICATE (FOR SC / ST / OBC/ DSC/ BC-A/ BC-B / PWD etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	DOMICILE/ RESIDENCE CERTIFICATE, IF APPLIED AND ALLOTTED UNDER DOMICILE/ RESIDENT CATEGORY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	GAP YEAR AFFIDAVIT, IF ANY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.	MEDICAL UNDERTAKING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12.	ANTI-RAGGING UNDERTAKING BY PARENTS/GUARDIAN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.	ANTI-RAGGING UNDERTAKING BY THE STUDENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14.	UNDERTAKING OF CODE OF CONDUCT	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SIGNATURE OF THE CANDIDATE

List of Pending Document

1. _____
2. _____
3. _____
4. _____

Signature of Documents Verification Committee

MEDICAL UNDERTAKING BY PARENTS/GUARDIAN

I,(Full name of Parent/Guardian) father/mother/guardian with(Full name of student with admission/registration/enrolment number), having been admitted to Dr. B.R. Ambedkar National Law University..... Certify that my child/ward/is:

1. **Not suffering from any disease/disorder.**
2. **Is suffering from And is taking treatment from Hospital.**
3. **In case of emergency my Contact No.**
4. **In case of emergency hospitalization, any expenses except first aid will be borne by me towards theUniversity.**

This information given above is true. If any information found to be concealed, I shall be responsible for that.

Date:

Signature of the Student

Signature of the Parents

Name:

Name:

Address:

Address:

Mobile No.:

Mobile No.:

ANTI-RAGGING
UNDERTAKING BY THE STUDENT

I,.....(Full name of student with programme name/registration/enrolment no.) s/o d/o Mr./Mrs..... having been admitted to Dr. B.R. Ambedkar National Law University

- (1) Have gone through the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 and fully understood the provisions contained in the said Regulations.
- (2) Have in particular, perused 3 of the Regulations and am aware as to what constitutes ragging.
- (3) Have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case, I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- (4) I hereby solemnly swear and undertake that:
 - (a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations
 - (b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- (5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- (6) I hereby declare that I have not been expelled or debarred from admission in any Institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging, and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Date:

Signature of the Student

Name

Address

Mobile No.

UNDERTAKING BY PARENT/GUARDIAN

I, (Full name of Parent/Guardian)
father/mother/guardian of(Full name of student with
admission/registration/enrolment number), having been admitted to Dr. B.R. Ambedkar National Law
University

- (1) Have gone through the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 and fully understood the provisions contained in the said Regulations.
- (2) Have in particular, perused 3 of the Regulations and am aware as to what constitutes ragging.
- (3) Have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- (4) I hereby solemnly swear and undertake that:
 - (a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations
 - (b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- (5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- (6) I hereby declare that my ward has not been expelled or debarred from admission in any Institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging, and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Date:

Signature of the Student

Name

Address

Mobile No.

UNDERTAKING OF CODE OF CONDUCT

To be signed by the Student seeking

Admission to Programme.....

I do hereby undertake that I,

.....

- (1) Shall abide by the rules and regulations of the University
- (2) Shall not indulge in ragging or in any other activity which creates hindrance in the smooth functioning of the University.
- (3) Shall not indulge in illegal or any criminal activity.
- (4) Shall maintain, and co-operate in maintaining good academic atmosphere in the Campus.
- (5) Shall not use mobile phone or any other equipment which creates disturbance in the University premises.
- (6) Shall not bring or consume alcoholic drinks/Tobacco/drugs/cigarettes or any other such intoxicating items.
- (7) Shall adhere to the dress code with graceful coverage of body.
- (8) Shall not damage or destroy any University property.
- (9) Shall abide by all other instructions and orders of the University issued from time to time.
- (10) I do understand that no violation of any of the above by me, may result into disciplinary action against me and fine of minimum Rs. 500/- or as fixed by the University authorities for each such violation.
- (11) I do not understand that failure to comply with provision in Item 2, 3 or 6 may result into my rustication/expulsion from the University.
- (12) Shall maintain an attendance required by the University, BCI Rules during the Semester failing which the decision of the University shall be binding upon me. I understand that short attendance will lead to being debarred from the examination.
- (13) Will abide by and follow sincerely all directions and orders, issued from time to time by the competent authority of the University.

Date:

Signature of the Student

Name:

Father's Name:

Programme Name:

General Patient Information

* Required

1. University Registration No./ Roll No. *

2. Patient First Name *

3. Patient last Name

4. Patient Gender *

Mark only one oval.

Male

Female

other

5. Patient Mobile Number *

6. Parent Mobile Number *

Patient Enrollment No. *

8. Batch No. *

9. Patient Address at campus *

10. Patient Permanent Address *

11. Patient Birth Date *

Example: January 7, 2019

12. Patient Height (cm's) *

13. Patient Weight (kg's) *

14. Patient E-Mail *

15. Reason for seeing the doctor *

16. Patient Medical History

17. Have you ever had (Please check all that apply) *

Check all that apply.

- Anemia
- Asrma
- Gout
- Diabetes
- Gallstones
- Rheumatic fever
- High Blood Pressure
- Digestive Problems
- Hepatitis
- Thyroid Problems
- Bleeding Disorder

18. Other illnesses

19. Please list any operations and date of each

20. Please list your Current Medicines

21. Healthy & Unhealthy habits (Exercise) *

Mark only one oval.

- Never
- 1-2 days
- 3-4 days
- 5+ days

22. Eating following a diet *

Mark only one oval.

- I have a loose diet
- I have a strict diet
- I don't have a diet plan

23. Alcohol Consumption

Check all that apply.

- I don't drink
- 1-2 glasses/ day
- 3-4 glasses/day
- 5+ glasses/day

24. Do you Smoking?

Mark only one oval.

- No
- 0-1 Pack / day
- 1-2 Pack / day
- 2+ Packs/day

25. Include others comments regarding your Medical History

This content is neither created nor endorsed by Google.

Google Forms