

**No: DBRANLU/AR&S/2026/466****Dated: 07.07.2026****NOTICE****Document Verification for Admission LL.M (One Year) Programme**
Academic Session : 2026-27

All candidates who have been provisionally admitted to the **LL.M (One Year) Programme** for the **Academic Session 2026–27** are hereby informed to report, *in person*, for document verification on **July 30, 2026 (09:30 AM)** at the Sarvapalli Dr. Radhakrishnan Academic Block of the University.

Candidates must bring the **ORIGINAL DOCUMENTS** of all the supporting documents for verification along with two set of self-attested copies, as mentioned below:

Sr. No	Document Name		Remarks
(i)	Admission Form	Dully filled	As per attached format in duplicate
(ii)	Six Passport Size Photographs	Coloured	
(iii)	AADHAAR Card Copy	Photocopy	
(iv)	Marksheet of 10 th Standard	Photocopy	
(v)	Marksheet of 12 th Standard or Equivalent Examination	Photocopy	
(vi)	UG Degree & DMC (LL.B. or equivalent)	Photocopy	
(vii)	CLAT Admit Card 2026	Photocopy	Duly signed by invigilator
(viii)	CLAT Score Card	Photocopy	
(ix)	Character/Conduct Certificate	Original	Issued within last 6 months
(x)	Migration Certificate	Original	
(xi)	Caste/Category Certificate (SC/DSC/ST/OBC/BC-A/BC-B/PWD/EWS, etc.)	Photocopy	If applicable; valid for current financial year in case of Backward Class and EWS.
(xii)	WL-RGEC Category Certificate	Photocopy	If applicable; Certificate of Land Acquisition: A certificate issued by the Land Acquisition Officer, Rohtak, confirming that the land belonging to the concerned individual has been acquired by the Government. Affidavit of Blood Relation: An affidavit duly attested by the Tehsildar, affirming the blood relationship between the prospective student and the person whose land was acquired by the Government.
(xiii)	Domicile/Residence Certificate	Photocopy	If applicable; mandatory for Haryana resident students
(xiv)	Parivar Pehchan Patra	Photocopy	If applicable; mandatory for Haryana resident students
(xv)	Gap Year Affidavit	Original	If applicable, as per attached format.
(xvi)	Fee Receipt/Slip	Photocopy	To be Collected from Accounts Branch, DBRANLU

Continued.... P/2



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

Note: 1 Admission form is attached herewith.

Note: 2 In case of any query or for further information, feel free to contact the Admission, Registration and Scholarship Branch at Email: admission@dbranlu.ac.in or Telephone: 0130-2811238.

-Sd-
Dean Academic Affairs
DBRANLU, Sonapat

Endst. No: DBRANLU/AR&S/2026/467-471

Dated: 07.07.2026

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

1. All Deans/HoDs/Incharge(s)/Chief Warden/DSW/CSO/All Branch Heads, DBRANLU, Sonapat.
2. The Head IT Cell (with request to upload the notice on the University Website), DBRANLU, Sonapat.
3. The Finance Officer (with request to keep the payment receipts ready in respect of the candidates who have deposited the admission fee, in order to avoid any chaos on the day of verification and also depute two staff members on the scheduled date), DBRANLU, Sonapat.
4. P.S. to Vice-Chancellor (for kind information of the Hon'ble Vice-Chancellor), DBRANLU, Sonapat.
5. P.A. to Registrar (for kind information of the W/Registrar), DBRANLU, Sonapat.

-Sd-
Assistant (AR&S)
for DAA



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ADMISSION FORM FOR SESSION 2026-27

ONE YEAR LL.M. PROGRAMME

**Staple Six passport
size photos**

TO BE FILLED BY THE UNIVERSITY

1. University Registration No.:
2. University Roll No. :

Paste Passport Size
Coloured Photo

FOR STUDENTS

S. NO.	PARTICULAR	DETAILS
1	STUDENT NAME (IN CAPITAL LETTERS)	
2	CLAT ROLL NO.	
3	ALL INDIA CLAT RANK	
4	DATE OF BIRTH	
5	GENDER (MALE/FEMALE/THIRD GENDER)	
6	MOBILE NO.	
7	EMAIL-ID	
8	AADHAAR NO.	
9	PARIVAR PEHCHAN PATRA NO. (NOTE: Mandatory for Haryana Candidates Only)	
10	NATIONALITY	
11	RELIGION	
12	ANTI-RAGGING UNDERTAKING REF. NO.	
13	BLOOD GROUP	
14	WHETHER PWD (Yes/No)	
15	If PWD Candidate - Mention the disability.	(Mark ✓)
	Blindness and Low Vision	
	Deaf and Hard of Hearing	
	Locomotor Disability including Cerebral Palsy, Leprosy Cured, Dwarfism, Acid Attack Victims, and Muscular Dystrophy	
	Autism, Intellectual Disability, Specific Learning Disability, and Mental Illness	
	Multiple Disabilities including Deaf-Blindness and Others	



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CATEGORY		CATEGORY (Mark $\sqrt{}$)	ALLOTTED CATEGORY (Mark $\sqrt{}$)
UR-AIC	Unreserved – All India Category		
SC-AIC	Scheduled Cast – All India Category		
OBC-AIC	Other Backward Class – All India Category		
EWS-AIC	Economically Weaker Section – All India Category		
ST-AIC	Scheduled Tribe – All India Category		
WLRGEC	Ward of Land Owners whose land has been acquired under land acquisition policy for Rajiv Gandhi Education City, Sonapat		
UR-HR	Unreserved		
SC-HR	Scheduled Cast – Haryana Resident		
DSC-HR	Scheduled Cast- Haryana Resident		
BCA-HR	Backward Class Block'A'– Haryana Resident		
BCB-HR	Backward Class Block'B'– Haryana Resident		
EWS-HR	Economically Weaker Section– Haryana Resident		

QUALIFICATION:

S. NO.	EXAM PASSED	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY	MARKS OBTAINED	MAX. MARKS	PERCENTAGE
1	10 th					
2	12 th					
3.	Law Degree Name					

	<u>FATHER'S DETAILS</u>	<u>MOTHER'S DETAILS</u>
NAME		
OCCUPATION		
MOBILE NO.		
EMAIL-ID		
POSTAL ADDRESS		
PERMANENT ADDRESS		



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<u>GUARDIAN DETAILS</u> (Emergency contact other than parents residing near Sonapat)	
NAME	
OCCUPATION	
MOBILE NO.	
EMAIL-ID	
ADDRESS	



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DECLARATION BY THE CANDIDATE

I Son/Daughter/TG of Sh.
hereby declare that:

1. I have never been punished for misbehavior, or for using unfair means in an educational institution, or debarred from taking admission in any Institution in the country.
2. I have submitted an anti-ragging Undertaking at UGC anti-ragging Portal (https://antiragging.in/affidavit_university_form.php) and I have gone through and fully understood the provisions of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
3. I Shall abide by the University Code of Ethics & Conduct, rules and regulations of the University.
4. I have never been charged for any illegal/criminal activity.
5. I am not suffering from any disease/disorder.
6. I shall pay all fees/ charges etc. which DBRANLU may levy from time to time.

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 understand and submit that if any of the above mentioned information is found to be incorrect and if I violate any of the rules/regulations, University shall take punitive/remedial action against me including the cancellation of my admission.

PLACE:

DATE:

SIGNATURE OF THE STUDENT

I Father/Mother of
hereby declare that the particulars furnished by my ward in this application form are correct to best of my knowledge.

SIGNATURE OF PARENTS/GUARDIAN

AFFIDAVIT

(On Non-Judicial Stamp Paper duly notarized)

I, _____ (Full Name), son/daughter of _____, D.O.B. _____, R/o _____ (Full Address), do hereby solemnly affirm and state on oath as follows:

1. That I have successfully passed the graduation/ law degree in the year _____, and I hold a passing certificate from _____ (Name of Board).
2. That there is a gap of _____ year(s) between my passing of graduation/ law degree in the year _____ and my current application for admission to post graduate programme in the year _____.
3. That during this gap period, I remained engaged in the following activities/reasons:

4. That during the aforesaid gap period, I was not involved in any illegal or criminal activity and that I have neither been convicted nor punished for any offence by any court of law or competent legal authority.
5. That I am a person of good moral character and my conduct has been exemplary at all times.

DEPONENT

VERIFICATION

I hereby verify that the contents and statements made in the above affidavit are true and correct to the best of my knowledge and belief. I further declare that no material fact has been concealed or withheld from this affidavit, and I take full responsibility for the accuracy of the facts stated herein.

Signed at _____ on this _____ day of _____, 20____.

DEPONENT

NOTE:

- This affidavit should be executed on non-judicial stamp paper of appropriate value.
- The deponent must sign all pages of the affidavit.
- The affidavit must be notarized by a competent authority (Notary Public, Oath Commissioner, or Magistrate).