



**DR. B R AMBEDKAR LAW COLLEGE ,GIRWAN BANDA(UP)**

**( Approved by Bar council of India, & Affiliated to Bundelkhand Univ. Jhansi)**

**ALUMNI INFORMATION FORM**

Please fill up the details below mandatory fields are marked with \*

Univ.Enrollment No: \_\_\_\_\_

Roll no.-----

Affix your  
passport size  
photo here

**1. PERSONAL INFORMATION**

Title	<input type="text"/>	(Mr/Mrs/Ms/Dr)		
First Name	<input type="text"/>	Blood Group	<input type="text"/>	
Middle Name	<input type="text"/>	Gender	<input type="text"/>	(M/F)
Last Name	<input type="text"/>	Date of Birth	_ _ / _ _ / _ _ _ _ (dd/mm/yy)	
Email	<input type="text"/>	Mobile	<input type="text"/>	
Personal web page	http:// <input type="text"/>			
Company web page	http:// <input type="text"/>			

**2. ACADEMIC INFORMATION**

**Qualification 1 (Mention your qualifications )** [leave which is not applicable]

	<b>Batch</b> (paasing year)	<b>Course</b> (UG/PG/Ph.D)	<b>Degree</b> (BA LLB/ LLB)	<b>Branch</b>	<b>Specialization(PG only)</b>	<b>Faculty(Ph.D only)</b>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	NA	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	NA	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	NA	<input type="text"/>	<input type="text"/>



### 3. CONTACT INFORMATION

#### Residence Address

Address			
Country		State	
City		Pin Code	
Phone(R)	_____ (Country code)	_____ (City code)	_____ (Number)

### 4. PROFESSIONAL INFORMATION

Occupation		Organization	
Designation			

#### Office Address

Address			
Country		State	
City		Pin Code	
Phone(O)	_____ (Country code)	_____ (City code)	_____ (Number)

### 5. APPEARENCE/QUALIFYING IN COMPETITIVE EXAMS [please provide details]

1. Have you Passed in <b>CAT</b> if yes then provide details if no leave blank			
Score			
2. Have you Passed in <b>GATE</b> if yes then provide details if no leave blank			
Rank		Discipline	
3. Have you Passed in <b>TOFEL</b> if yes then provide details if no leave blank			
Score			
4. If you placed by the Institute ,please specify Company Name			
Company Name			
5. Higher Studies if any, leave blank if not			
Discipline		University/Inst.	

#### Candidate Declaration

I hereby declare that all the information given by me is genuine. I will be responsible for any false information given here.

Authorized Signature

Candidate Signature