



HIMACHAL PRADESH NATIONAL LAW UNIVERSITY, SHIMLA
16 MILE, SHIMLA-MANDI NATIONAL HIGHWAY, GHANDAL
DISTRICT SHIMLA, HIMACHAL PRADESH-171014
Ph. 0177-2779802, 0177-2779803, Fax: 0177-2779802
Website: <http://hpnlu.ac.in>

ADMISSION FORM FOR SESSION 2020-21

☐ **B.A./B.B.A. LL.B. (HONS.) FIVE YEAR INTEGRATED COURSE** ☐ **LL.M (ONE YEAR COURSE)**

TO BE ALLOTTED BY THE HPNLU OFFICE

1. UNIVERSITY ENROLMENT NUMBER : _____
2. ANTI-RAGGING AFFIDAVIT REF. NO. : _____
3. NATIONAL ACADEMIC DEPOSITORY (NAD) ID: _____
4. ☐ AADHAAR BASED ☐ NON-AADHAAR BASED

Passport Size
Photo

1. NAME (IN CAPITAL LETTERS) : _____
2. DATE OF BIRTH : _____ AGE _____
3. GENDER : ☐ MALE ☐ FEMALE ☐ THIRD GENDER (TG)

MOBILE NO. _____

EMAIL ID _____

AADHAAR 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. CATEGORY:

- | | |
|---|---|
| <input type="checkbox"/> GENERAL | <input type="checkbox"/> HP DOMICILE |
| <input type="checkbox"/> SCHEDULED CASTE | <input type="checkbox"/> J & K RESIDENT |
| <input type="checkbox"/> SCHEDULED TRIBES | <input type="checkbox"/> WARD OF KASHMIRI MIGRANT |
| <input type="checkbox"/> SPECIALLY ABLED PERSON/PWD | <input type="checkbox"/> FOREIGN NATIONAL |
| <input type="checkbox"/> DEFENSE | <input type="checkbox"/> NRI |
| <input type="checkbox"/> OBC | <input type="checkbox"/> EWS |

HORIZONTAL RESERVATION CATEGORY (IF APPLICABLE) _____

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

QUALIFICATION: 10th/ MATRIC ONWARDS

S. NO.	EXAM PASSED	YEAR OF PASSING	ROLL NUMBER	NAME OF THE BOARD/UNIVERSITY	MARKS OBTAINED	MAX. MARKS	% AGE	SUBJECTS
1.	10 th							
2.	12 th							
3.	LL.B.							

CLAT DETAILS (not applicable for Foreign Nationals/NRI/Kashmiri Migrant/Kashmiri Resident):

1. CLAT ROLL NO. : _____
2. CLAT RANK : _____
3. MARKS OBTAINED : _____

Have you ever been punished for misbehavior or for using unfair means in an educational institution?

If yes, give full details _____

FEE DETAILS:

(i) Fee Amount: (Rs) _____

(ii) Mode of Payment: -

(iii) SBI Collect _____

DECLARATION BY THE CANDIDATE

I _____ Son/Daughter/ TG of Sh. _____

R/o _____ Distt. _____

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.

SIGNATURE OF THE CANDIDATE

PLACE : _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN



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CHECKLIST OF DOCUMENTS ATTACHED

1.	NAME:	
	FATHER'S NAME	
2.	PASSPORT SIZE PHOTOGRAPHS (JPEG/JPG)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	PROOF OF DATE OF BIRTH –BIRTH CERTIFICATE / MATRIC CERTIFICATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	SCANNED COPY OF 10+2 CERTIFICATE & MARKSHEET	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	SCANNED COPY OF B.A.LL.B. / B.B.A. LL.B./LL.M DEGREE AND MARKSHEETS	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	SCANNED COPY OF CHARACTER CERTIFICATE (Not older than six months)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	SCANNED COPY OF TRANSFER/MIGRATION CERTIFICATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	SCANNED COPY OF CLAT ADMIT CARD	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	SCANNED COPY OF CATEGORY CERTIFICATE (FOR SC / ST / OBC / EWS / PWD / DEFENSE / H.P. BONAFIDE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	SCANNED COPY OF RELEVANT DOCUMENTS FOR NRI / FOREIGN NATIONAL / J & K RESIDENTS / KASHMIRI MIGRANTS CATEGORY	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	SCANNED COPY OF ANYONE OF FOLLOWING: (AADHAR CARD; VOTER ID; DRIVING LICENSE & PASSPORT)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	SCANNED COPY OF CLAT COUNSELING FEE DEPOSITED RECEIPT (Rs. 50.000/-)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	MEDICAL UNDERTAKING	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	SCANNED COPY OF AFFIDAVIT FOR GAP YEAR	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	SCANNED COPY OF ANTI-RAGGING UNDERTAKING BY STUDENT	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	SCANNED COPY OF ANTI-RAGGING UNDERTAKING BY PARENT	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	OPTIONAL FORM FOR B.A./B.B.A. LL.B	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE OF THE CANDIDATE



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B.A./B.B.A LL.B/LL.M.

Admission Form (20____)

OPTION FORM

Entrance Test Roll No. _____

Marks Obtained in the Test _____

Rank (Category-wise) _____

Name of the applicant in CAPITAL Letter _____

(As in the qualifying degree examination)

Category:	General/SC/ST/OBC/EWS	<input type="text"/>
	PH/CW	<input type="text"/>
	Himachal Bonafide	<input type="text"/>
	B.A. LL.B.	<input type="text"/>
	B.B.A. LL.B.	<input type="text"/>

LL.M. (Students are required to provide preference of Optional Courses viz. 1, 2, 3 and 4)

Constitutional Law	<input type="text"/>
Criminal Law	<input type="text"/>
Corporate Law*	<input type="text"/>
International Law*	<input type="text"/>

Note: (1) Subject Marked with (*) shall be subject to approval of University Bodies.
(2) It must also be noted that a minimum of 10 students would be required for an Optional Courses to be offered. In case the number of students opting for a given Optional Course falls below the required number, the Specialization won't be offered and the second preferred Specialization course shall be offered.

Signature of Candidate

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 Himachal Pradesh 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 the
University.

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.:

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 Himachal Pradesh 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 Himachal Pradesh 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, incase 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: