



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

Dated: 06.10.2021

NOTICE

It is informed to the First, Third and Fifth Semester students that they are required to submit the Examination Form along with requisite fee as per schedule mentioned below:

Without late fee	15 October
Submission with late fee Rs. 100/-	31 October
Submission with late fee Rs. 500/-	15 November

The student are required to submit the Examination Form in the prescribed format (available on the University website) in PDF form at inchargelaw@dbranlu.ac.in

SD-

CONTROLLER OF EXAMINATIONS

Endst.No:DBRANLU/Result/2021/ 137-142

Dated: 06.10.2021

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

1. Incharge, Department of Law, DBRANLU, Sonipat, with request to send the requisite details to this Branch at the earliest, after the receipt the Examination Form.
2. Finance Officer, DBRANLU, Sonipat, with request to arrange for collection of Examination Fee through HDFC QFIX as per above schedule.
3. PA to Vice-Chancellor (for kind information of the Hon'ble Vice-Chancellor), DBRANLU, Sonipat.
4. PA to Registrar (for kind information of the W/ Registrar), DBRANLU, Sonipat.
5. DEO to COE (for kind information of the COE), DBRANLU, Sonipat.
6. IT cell with request to upload this notice along with Examination Form on the University.

Deputy Registrar (Exam)
for Controller of Examinations

Sr.No.

Signature of Receipt Clerk _____
Price Rs.10/- (If form is downloaded deposit Rs.10/- extra with Exam. Fee)

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EXAMINATION FORM (Private/Ex-Student) Annual/Supplementary/Semester Examinations (Four Pages)

UNDER-GRADUATE CLASSES

EXAMINATION FORM

Important Note: Incomplete admission form will be rejected.

For Annual Exam/Semester System (Tick here)

Roll No. (to be allotted by the office)

For Supplementary Exam Only (Tick here)

For Accounts Branch Only	SBI Branch
Amount Rs.	Amount Rs
Receipt No.	M.No.
Dated	Dated

Form Deposit No.....Date

(To be assigned by the Office)

1. Examination for which appearing (Class) Semester System.....

(Write the name of class in which you have to appear otherwise your exam form will be rejected)

Session: April/May/Nov./Dec./20.....

(i) Full papers / Addl. Paper / Compartment/Re-appear / Repeat.....

(ii) Category: Regular

2. DBRANLU Registration No.....

3. Name in English

(Capital Letters)

Name in Hindi

4. Father's Name

(In English)

(Capital Letters)

Name in Hindi

5. Mother's Name

(In English) (Capital Letters)

6. Male / Female.....

7. Category to which you belong (General/SC/ST/BC/P.H.)

8. State to which you belong

9. Particulars of Previous Examination(s) on the basis of which applying for the present Examination and proof be attached. The Re-appear/Compartment student must fill up the columns for each availed chance Session wise.

Name of Class	Year	Session	Roll No.	Result (Marks Obtained)	University/ Board	Subjects

10. Subject offered (alongwith Subject Code of Papers)

(1)(Code.....) (4)(Code.....)

(2)(Code.....) (5)(Code.....)

(3)(Code.....) (6)(Code.....)

Attested Photo be pasted here

Signature of Candidate

FOR CENTRE SUPERINTENDENT
Dr. B.R. Ambedkar National Law University,
Sonapat
(Established by the Haryana State Legislature Act No. 15 of
2012)

Roll No.-cum-Admit Card
Under-Graduate Examination
to be filled in by the Candidate

Class: _____

Subject: _____

Semester System _____

April/May/Nov/Dec. _____

Roll No. _____
(Assigned by the office)

Regn. No. _____

Name _____

Father's Name : Sh. _____

Centre of Exam. _____

Signature of Candidate _____

Ticket Size
attested
Photograph

Controller of Exams.

Important: Mobile Phone, Bluetooth, other
electronic gadget etc. in the Examination
Centre is strictly prohibited.

FOR STUDENT
Dr. B.R. Ambedkar National Law University,
Sonapat
(Established by the Haryana State Legislature Act No.
15 of 2012)

Roll No.-cum-Admit Card
Under-Graduate Examination
to be filled in by the Candidate

Class: _____

Subject: _____

Annual or
Semester System _____

April/May/Nov/Dec. _____

Roll No. _____
(Assigned by the office)

Regn. No. _____

Name _____

Father's Name : Sh. _____

Centre of Exam. _____

Signature of Candidate _____

Ticket Size
attested
Photograph

Controller of Exams.

This slip is to be preserved by the candidate and show on
demand on any day of the examination.

Important: Mobile Phone, Bluetooth, other
electronic gadget etc. in the Examination
Centre is strictly prohibited.

