

MOUNT ZION LAW COLLEGE

(Affiliated to Mahatma Gandhi University & Recognised by Bar Council of India)

Anthyalancavu P.O, Kadamanitta Pathanamthitta, Kerala India - 689649 9446445392 9544942277 9778715704

0468-2216060 (9.30-3.00 pm) mountzionlawcollege@gmail.com http://mountzionlawcollege.com

APPLICATION FORM

Form No.: MZLC/20...../....

Passport size photo

Course Applied For: BBA LL.B (Hons), B.Com LL.B (Hons), Unitary LL.B						
Full Name (Mr./Ms.):						
Date of Birth: (DD) (MM) (YYYY) Gender (Male/Female						
Category (General / SC / ST /	OBC)					
Mobile No:						
Present Residential Address:						
	City:	State:	Pin:			
Father's Name:						
	Tel:	Mob:				
	Email:		Profession:			
Mother's Name:						
	Tel:	Mob:				
	Email:		Profession:			
Father's / Mother's						
Organisation & Address:						
	Tel:	Email:				
Annual Family Income (Gross)):	Nationality:				

*Marks of the	Qualifying	Examination	(Plus two	or equivalent)
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SI. No.	Name of Subject	Maximum Mark	Marks obtained	Percentage of marks
-				
-				
	Total			

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		_			-				_

NB: Attach Copy of Application Fee Receipt

MENTION THE NAMES & SCORE OF LAW ENTRANCE TEST APPEARED IN EXTRA CURRICULAR ACTIVITIES / SPORTS (WITH DETAILS OF PRIZES WON. IF ANY)

Why do you want a career in Law and why do you think you are suitable for it? (Answer in 100 words)			

DECLARATION BY THE APPLICANT

- (i) I declare that the particulars given above are correct to the best of my knowledge and belief.
- (ii) I solemnly affirm to agree and abide by the rules & regulations of MZLC Submit myself to disciplinary that the decision of Dean / Director, MZLC in all matters, will be final and binding on me.

Date:	
Place:	(Signature of the applicant

I hereby permit my ward to join MZLC and will support his/ her education at the college financially and in all manners.

(Signature of the Parent / Guardian)

HEALTH CERTIFICATE

MEDICAL INFORMATION MUST BE SUBMITTED WITH THE APPLICATION FOR ADMISSION (All information is confidential and will be used only to determine whether the applicant is able to safely handle the demands of the teaching and training)

Name (Block letters) Mr./Ms.:			Date of Birth:
Present Residential Address:			
Telephone No, (S)	Mobile:	(Landline)	
Person to be notified in an emerg	gency		
Name (Block letters) Mr./Ms.:			Date of Birth:
Present Residential Address:			
Telephone No. (S)	Mobile:	(Landline)	
Relationship with the applicant			
Family Doctor or Clinic, if any, to	be consulted in an emerger	псу	
Name (Block letters) Mr./Ms.:			Date of Birth:
Present Residential Address:			
Telephone No. (S)	Mobile:	(Land	line)
Is the applicant covers by any med	ical insurance scheme? If so,	give details	
			(Signature of the applicant)

Do you require hostel accommodation	Yes	☐ No			
Do you require educational loan	Yes	☐ No			
Do you want College Bus Transport Facility	Yes	☐ No			
How did you learn about the course for which ye	ou are applyi	ing? (Please tick whichever is applicable)			
Family Friend		Educational Institute			
Newspaper Website		Hoardings			
Name of Newspaper:					
Other Source (Please Specify):					
CHECK LIST OF DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FOR ADMISSION (Please Tick)					
Class 10th Mark Sheet	4 Pa	ssport Size Photographs			
Class 12th Mark Sheet	Con	duct Certificate			
Migration Certificate	Grad	duation Marksheet			

Please return Complete Application form to the address

MOUNT ZION LAW COLLEGE Anthyalancavu P.O Kadammanitta, Pathanamthitta, Kerala, India - 689649