

MAHARASHTRA NATIONAL LAW UNIVERSITY MUMBAI

(UGC recognized BCI approved NIRF Ranked University) (Established under the MAHARASHTRA ACT VI of 2014)

ADMISSION FORM

B.A., LL.B. (HONS.) Batch of 2025-2030

<u>PART</u>	<u>1</u>	PHOTOGRAPH
CLAT Application No. CLAT Score	CLAT Rank	
Name of the Applicant (as per Higher Secondary Certificate (HSC) in BLOCK		
Letters)		
Aadhar no. of the Applicant		
APAAR ID No. (Digilocker)		
Name of the Mother:		
Name of the Father:		
Date of Birth (DD/MM/YYYY)		
Age as on 01/06/2025		
Gender:	Male Female	Other
Permanent Address		
State		
Pin code		
Email Id (Applicant)		
Mobile Number (Applicant)		

Blood Group of the	e Applicant		
Place of Birth			
State of Domicile			
Nationality			
Religion			
Minority Status		Christian Jain Buddhist Muslim Sikh Parsi Others	
Category	Maharashtra State only (Valid Domicile Certificate required)	SC ST OBC NT-B NT-C NT-D SBC SEBC EWS General DJ-A	
	Sub- Caste		
	All India Candidate	General	
Whether Specially	Abled Person (SAP)		
If Yes details			
Horizontal Reservation (If any)		Women Ex-Serviceman Specially Abled Person	
Sports /NCC (Nation	nal Cadet Corps); NSS;		
Bharat Scouts& Gui	des		
Sports Achievement			
Educational Qual			
10 th (Institute/Board			
Percentage of Marks	s / Grade		
Year of Passing			
12 th (Institute/Board	')		
	s / Grade 5. Minimum of Forty five s for candidates belonging		

to General/OBC/NRI etc. categories and Forty	
percent (40%) marks for candidates belonging	
to SC/ST/PWD categories. Year of Passing	
Teal of Fassing	
Foreign /NRI/ NRI sponsored:	NRI
(if applicable)	NRI Sponsored
(if applicable)	Foreign National
	1 oreign reactional
Jammu & Kashmir Category (Supernumerary)	
(Valid Domicile Certificate required)	
_	
	N
	Name:
	Occupation :
	See aparticular to
	Designation:
D . 'I . CD 1/C . 1'	
Details of Parent 1/ Guardian:	Address:
	Email Id:
	Mobile:
	Aadhar no. of Parent 1:
	Name:
	Occupation :
	Geografion.
	Designation:
	Address:
Details of Parent 2/ Guardian:	
	Email Id:
	Mobile:
	Aadhar no. of Parent 2:
	Name:

A	Address:
•	
Details of Local Guardian	
Details of Local Guardian	
E	Email Id:
N	Mobile :
I	Landline:
N	Name:
A	Address:
Details of Sponsor in case of NRI	
sponsored candidates	
	Email Id:
N	Mobile :
I	Landline:
A	Amount:
Particulars of Fees	
Tarticulars of Lees	
7	Γxn/D.D No.:
	Date:
	Bank:
Zonoimismp Zomis	I.Annual Income of the
P	Parents/Guardian:-
2	2. Name of the Scholarship availed (if
a	any) :-
3	3. Year of the Scholarship (if any)
4	4.Scholarship availed for which Degree
/1	Diploma / Board (if any):-

gging.in ved on successful nts/Guardian	Signature Date:	e of Candidate
	<u> </u>	
(For Office Us	se Only)	
<u>Particulars</u>	<u>Particulars</u>	Sign
Regn. Sr. No	Form No	
Documents	Category	
BD/TXN No	Receipt No	
· ·		
	nts/Guardian PAR (For Office Us) Particulars Regn. Sr. No Documents BD/TXN No	nts/Guardian PART 2 (For Office Use Only)

