

# AIM COLLEGE OF LAW

(Owned and Managed by Ambooken Kochuvarky Memorial Educational Trust)  
(Affiliated to University of Calicut and Approved by the Government of Kerala and Bar Council of India)

**Poyya P.O., Thrissur District, PIN : 680 733**

Phone : 0480 2890 430, E-mail : aimcollegeoflaw@gmail.com

## APPLICATION FOR ADMISSION TO

☐ **B.B.A LLB ( HONS.)**

### Five Year Integrated Double Degree Course

1.	Name of the Student with Initials (In Block Letters)						
2.	Expansion of Initials						
3.	Age & Date of Birth						
4.	Place of Birth with District						
5.	Nationality						
6.	Reg. No. with Year of Passing & Name of the School studied for SSLC						
7.	Name of the Institution last attended						
8.	Name of Qualifying Exam with Reg. No. & year of passing						
9.	No. of chances taken to pass qualifying examination						
10.	Religion with Caste & Community						
11.	To which category you belong (Tick the appropriate box)	SC	ST	OEC	OBC	LC	General
12.	<b>Mark Secured in the Qualifying Exam</b>						
	<b>Subject</b>	<b>Max. Marks</b>			<b>Mark Secured</b>		
	<b>English</b> <b>Second Language</b> ..... <b>Subjects</b> ..... ..... ..... ..... <b>Subject Total</b>						
	<b>Grand Total</b>						

Attach self-attested copies of Mark Lists and Certificates.

13.	Name and occupation of father	
14.	Name and occupation of mother	
15.	Annual family Income	
16.	In the absence of parents, name of guardian (State relationship)	
17.	Permenent address with Phone Nos.	
18.	Address for communication with Phone Nos. and email	

### DECLARATION BY STUDENT

I.....hereby declare that the details furnished above are correct and that I will abide by the rules and regulations of the College.

Date :

Place :

**Signature of the Student**

### DECLARATION BY PARENT / GUARDIAN

I.....on behalf of my son/daughter/ward / .....undertake to pay to tha college fees and, dues if any, and also to pay for any damage or destruction caused to the college properties. I hold myself responsible for his/her conduct and behaviour in the college.

Date :

Place :

**Signature of the Parent / Guardian**

### FOR OFFICE USE ONLY

Admitted to B.B.A, LLB(Hons.) 5 year Integrated Degree Course.....Semester  
class on payment of fees.

**Principal**