Application No.	
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Application Form-A

APPLICATION FORM		336-2323151, 222		MAGE DI
(Note: This form has	s to be filled by only	THE ENTRANCE IT those candidates	appearing for Ph.D	Entrance Test)
1.Name of the Cand	idate (in Block Lette	er)	appearing for time	Ditatance Test)
Date of Birth:	Section of	Condo	: Male/Female:	
Date of Birth.		Gender	. Maic/Femaie.	
<ol><li>Address for Commu</li></ol>	inication:			
				ned Passport
				e Photo of
erandra.				Applicant.
E-Mail.		Phone/Cell	No.	
Category : SC/ST/	Cat I/ODC/CM (Engl			alon to alotomaty
3. Category: SC/ST/C	Cat-1/OBC/GIVI (Elicit	ose the required cast	e certificate if reserva	tion is claimed)
4. Details of Post Gra	aduate Degree Exan	nination passed/Ar	ppearing:	
(Englosed the attack	sted copies of Postg	raduate Degree Ma	arks Cards and certi	ficate)
(Enclosed the attes				
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ost Graduate	Year of Passing/	Percentage of	Specialization	University
Post Graduate	Year of Passing/ appearing	Marks/Grade	Specialization	University
ost Graduate			Specialization	University
Post Graduate Degree and Subject		Marks/Grade Secured	0	University
Post Graduate Degree and Subject . Specify: (a) Broad	appearing Area of Research/Sub	Marks/Grade Secured oject intending to pu	rsue research	
Post Graduate Degree and Subject . Specify: (a) Broad	appearing Area of Research/Sub	Marks/Grade Secured oject intending to pu	0	
Post Graduate Degree and Subject  Specify: (a) Broad  (b) Name	appearing  Area of Research/Sub  of the Department/Co	Marks/Grade Secured oject intending to pu ollege/Institution wh	rsue research	
Post Graduate Degree and Subject  Specify: (a) Broad  (b) Name	appearing  Area of Research/Sub  of the Department/Co	Marks/Grade Secured oject intending to pu ollege/Institution wh	rsue research	
Post Graduate Degree and Subject  Specify: (a) Broad  (b) Name	appearing  Area of Research/Sub  of the Department/Co	Marks/Grade Secured oject intending to pu ollege/Institution wh	rsue research	
Post Graduate Degree and Subject Specify: (a) Broad (b) Name	appearing  Area of Research/Sub  of the Department/Co	Marks/Grade Secured Dject intending to pure ollege/Institution what	rsue research ere you intend to carr	y on research
Post Graduate Degree and Subject Specify: (a) Broad (b) Name Details of fee paid: DD/Challan No.	appearing  Area of Research/Sub of the Department/Co	Marks/Grade Secured  Diject intending to put  Dilege/Institution what  ad Branch:	rsue research ere you intend to carr	y on research
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Post Graduate Degree and Subject  Specify: (a) Broad  (b) Name  Details of fee paid:  DD/Challan No.  I Certify tha	appearing  Area of Research/Sub of the Department/Co	Marks/Grade Secured  Diject intending to put  Dilege/Institution what  ad Branch:	rsue research ere you intend to carr	y on research
Post Graduate Degree and Subject  5. Specify: (a) Broad  (b) Name  Details of fee paid:  DD/Challan No.	appearing  Area of Research/Sub of the Department/Co	Marks/Grade Secured  Diject intending to put  Dilege/Institution what  ad Branch:	rsue research ere you intend to carr	y on research

Application No.

Application Form-B

K		STATE LAW agar, HUBLI - 58 6-2323151, 2222	0 025	Y
(Note: This form has	TION FORM FOR Ph.D to be filled by candidate Provisional Registration	s intending to appear F	OR Entrance Test and the	
	date (in Block Letter			
Date of Birth:	++	Gender:	Male/Female:	
2. Address for Commu	nication:			
			Size	ed Passport Photo of pplicant.
E-Mail.		Phone/Cell No	).	
6. Details of Post Gra	fy : (E	nclose photo copy of nation passed:	the relevant documen	its duly attested)
Post Graduate Degree and Subject	Year of Passing/appearing	Percentage of Marks Secured	Specialization	University
	Area of Research/Subj of the Department/Col Name of the Bank and	lege/Institution wher		on research
DD/Challan No.		Date	Amount	
I Certify tha	t the information furni	shed is true to the be	st of my knowledge.	
Date:		(3	Signature of the Can	didate)

Office Copy

Register No:

# KARNATAKA STATE LAW UNIVERSITY

Navanagar, **HUBLI - 580 025** Phone/Fax: 0836-2323151, 2222079, 2222392

## HALL TICKET for Ph.D ENTRANCE TEST

(To be filled in by the candidates appearing for the Entrance Test)

- 1. Name of the Candidate (In Block Letters):
- 2. Broad area of Research/Subject intending to pursue research:
- 3. Department/College/Institution where you intend to carry on research:

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Signature of the Director of Research

Date:

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Candidate's Copy

Register No:

## KARNATAKA STATE LAW UNIVERSITY

Navanagar, **HUBLI - 580 025** Phone/Fax: 0836-2323151, 2222079, 2222392

### HALL TICKET for Ph.D ENTRANCE TEST

(To be filled in by the candidates appearing for the Entrance Test)

- 4. Name of the Candidate (In Block Letters):
- 5. Broad area of Research/Subject intending to pursue research:
- 6. Department/College/Institution where you intend to carry on research:

Signed Passport Size Photo of the Applicant

Signature of the Candidate

Signature of the Director of Research

Date: