



SauYogya College of Law

Affiliated to University of Lucknow

SauYogya Knowledge Park,
Lahuriban, Sidhauri NH-30, Sitapur - Lucknow
Landmark - Itaunja Toll Plaza

STUDENT ADMISSION FORM (LL.B 3 years & 5 years)

Academic Year: _____

A. PERSONAL INFORMATION

Full Name : _____
Date of Birth : _____
Place of Birth : _____
Gender : _____
Nationality : _____
Religion : _____
Address : _____
Contact Number : _____
Email Address : _____

E. PROGRAM & EXTRACURRICULAR CHOICES

Grade/Level Applied For: _____
Preferred Program : _____
Extracurricular Interests: _____
 Sports (Specify) : _____
 Arts (Specify) : _____
 Music (Specify) : _____
 Others : _____

B. FAMILY INFORMATION

Father's Name : _____
Occupation : _____
Contact Number : _____
Email Address : _____
Mother's Name : _____
Occupation : _____
Contact Number : _____
Email Address : _____
Contact Number : _____

C. ACADEMIC BACKGROUND

Previous College Name : _____
College Address : _____
Course Completed : _____
Achievements (if any) : _____

D. MEDICAL INFORMATION

Does the student have any allergies? Yes No

If yes, please specify: _____

Does the student have any medical conditions? Yes No

If yes, please specify: _____

DECLARATION

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Principal Signature/ College Stamp

Date: _____

Date: _____