

# VASANTDADA PATIL PRATISHTHAN'S LAW COLLEGE

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### Application For Admission to Third Year LL.B-3 YEARS 2025 - 2026

			CAP ROUND I/II/III				INSTITUTIONAL LEVEL ROUND- A-CAP			MANAGEMENT QUOTA				Passport Size Colour Photograph of the Candidate duly Attested by the Head of the Institution last Attended or by a		
FIRST YEAR ADMISSON TH	ROUGH													Gazetted		
CATEGORY	OPEN	SEBC	SC	ST	VJ/DT	NT A	NT B	NT C	NT D	OBC	SBC	EBC	EWS	MINORITY	PH	J&F
1. STUDENT	DETAIL	S - 1. F	ULL I	NAME	OF THE C	CANDIDA	ATE (CAPI	TAL LE	TTER or	ne letter	in each	box)				
SURNAME																
NAME																
FATHER'S NAM	ME															
MOTHER'S NA	ME															
2. ADDRESS FO	OR CORR	ESPONDE	ENCE :	:				l								
CITY :					S	 ΓΑΤΕ :									-	
PIN :																
RESIDENCE .PI	HONE NUM	MBER (Wi	th S.T.	D. Cod	e):				_ MOB	ILE (Par	ents):					
3. MARKS OB	FAINED II	N PREVIO	OUS SI	EMEST	ΓERS / YE	AR:										
Semester				Grade (	Obtained	No. of	Internal A.T.K.T.		No. of External A.T.K.T.		Т.	Total of Internal and External A.T.K.T.				
Sem.I													23.001.00			
Sem.II																
Aggregate (S	Sem.I & II)															
Sem.III																
Sem.IV																
Aggregate (S	Sem.III & 1	V)														
A) DATE OF BIF	RTH :	_/	/		(IN WORD	S :								)	_	
B) PLACE OF BI	RTH :								D) l	NATION	JALITY	:				
						F)	BLOOD G	ROUP :_			G) GEI	NDER :	MALE / 1	FEMALE		
C) RELIGION : _																
C) RELIGION : _ D) CASTE :						I)	SUB CAST	E:								
D) CASTE :	SANK DET	AILS:						E:			T =				_	
D) CASTE :		AILS:				I)		`E:	IFSC C		MICI	R Code N	No.	Branch		

5. A) AADHAAR CARD NO.

UID NO.:

## STUDENT EMPLOYMENT DETAILS

6. DETAIL OF STUDENT					
A) NAME :SURNAME	NAME	FATHER NAME			
B) PRESENT DESIGNATION:OR OCCUPATION					
C) NAME OF ORGANISATION:	QUALIFICA	ATION :			
D) OFFICE ADDRESS :					
(OFF. TEL. WITH STD CODE)	MOBILE :	FAX :			
E-MAIL ID	E) ANNUAL	LINCOME :			
PARENTS DETAILS					
7. DETAILS OF FATHER/ GUARDIAN					
A) NAME :SURNAME	NAME	FATHER NAME			
B) PRESENT DESIGNATION:OR OCCUPATION					
C) NAME OF ORGANISATION:	QUALIFICA	ATION :			
D) OFFICE ADDRESS :					
(OFF. TEL. WITH STD CODE)	MOBILE :	FAX :			
E-MAIL ID	E) ANNUAL	LINCOME :			
8. DETAILS OF MOTHER	(FAMILY ANNUAL INCOME FROM ALL SOURCES)				
A) NAME :					
SURNAME	NAME	FATHER /HUSBAND NAME			
B) PRESENT DESIGNATION :OR OCCUPATION					
C) NAME OF ORGANISATION :	QUALIFICATION :				
D) OFFICE ADDRESS :					
(OFF. TEL. WITH STD CODE)		FAX :			
E-MAIL ID					
E) ANNUAL INCOME :					

(FAMILY ANNUAL INCOME FROM ALL SOURCES)

### $9.\, {\bf DECLARATION}\,\, {\bf TO}\,\, {\bf BE}\,\, {\bf SIGNED}\,\, {\bf BY}\,\, {\bf THE}\,\, {\bf CANDIDATE}\,\, {\bf AND}\,\, {\bf TO}\,\, {\bf BE}\,\, {\bf ENDORSED}\,\, {\bf BY}\,\, {\bf THE}\,\, {\bf FATHER}\,\, {\bf OR}\,\, {\bf GUARDIAN}\, :$

TIND	FRTA	KING

			UNDERTAK	ING								
I Mı	:./Mrs				hereby declare tha	t I am seeking admission in the						
THI	RD YEAR LL.B-	3 YEARS course in Vasantd	ada Patil Pratishthan's Law Co	ollege on my own.	·	-						
1.	I have read all the	rules and regulation of admis	ssion declared by University	of Mumbai for the year	ar 2025 – 2026 and	undertake to abide the same.						
2.		rules and regulation of admission declared by University of Mumbai for the year 2025 – 2026 and undertake to abide the same.										
3.	_	on given by the in my application is true to the best of my knowledge and benefit.  In debarred from appearing at any examination held by BCI, Govt., University, College or any statutory body in India.										
4.												
٦.		to conform to any rules, acts and laws enforced by Govt. and I hereby undertake that so long as I remain student of the college, I will do inside or outside the college which may result in disciplinary action against me under the rules, acts and laws.										
5.	I fully understand	that the Principal of Vasantd	da Patil Pratishthan's Law College, Sion- Mumbai will have full authority to expel me from the college for									
	any infringement of the rules of conduct and discipline.											
6.	I am aware that th	ere is likely to be a change in	fee structure and I undertake	to pay fee, whatsoeve	er approved by the I	Fee Regulating Authority.						
7.	I am aware that, I	will not be allowed to appear	for the examination if I do no	ot attend 75% classes	in theory and 100%	practicals.						
8.	I am aware that, I	will not be allowed to benefi	t for the Govt. Scholarship / F	reeship if I do not atte	end 75% classes in t	theory and 100% practicals.						
9.			r for the examinations if I fail	to submit the satisfa	ctorily all the assign	nment, journals, report as specifi	led by					
		ersity within stipulated time.										
10.		•	•		•	the BCI, Govt. and any such ac	•					
	-	• •	ed above may result in discip	linary action without	prior notice from P	Principal and that I may expelled	from					
	the college due to	the same.										
11.		•				or outside the campus is strictly						
		•				I not be admitted in any educa						
	institution for a pe	eriod of 5 years from the date	of his dismissal. Convicted st	tudent may be punish	ed with imprisonme	ent for a term upto 2 years / or po	enalty					
	•	upto Ten Thousand Rupees.										
12.					oai/ Govt. of Mahar	ashtra and I hereby undertake to	abide					
	by all these rules a		ti ragging undertaking to the	Institute.								
13.			latory to fill-in the	online E-Scho	•		tegory					
	(OPEN/SC/ST/DT	T/NT/OBC/SBC/EBC/EWS/N	MINORITY) at <a href="https://m">https://m</a>	<u>ahadbtmahait.</u>	gov.in/ and su	ubmit duly filled-in print copy	with					
	required documen	ts to the Students Section (Pr	incipal Office) within 15 days	from the date of adm	nission. Failing to do	o so, I am liable to pay the entire	fees.					
14.	I shall open a Aad	har Link Saving Bank Accou	nt in Union Bank of India OF	R India Post Payment	Bank, Sion branch	and furnish the details of the Ac	count					
	Number, MICR C	ODE, NEFT CODE within 1	5 days from the date of admis	sion.								
15.	I am also aware th	nat I will submit all the requi	site documents to the Institut	e which are required	as per norms for th	e confirmation of my admission	from					
	the competent au	thority Commissioner for S	State Common Entrance Tes	t Cell, Admission R	Regulating Authorit	y, Directorate of Higher Educ	ation,					
	University of Mur	mbai & Bar Council of India	failing to do so I will be sole	ely responsible for ar	ny action initiated a	gainst me by the competent aut	hority					
	and Institute will r	not be liable for the same.										
16.	Have you enrolled	l your name in voters list Yes	No									
	If yes please give	Voter ID No										
	If No Then I hereb	by undertake to enroll my nar	ne in voter list as per the norm	ns of Election Commi	ssion of India.							
	YEAR	CATEGORY	SCHOLRASHIP	FEE RECEIPT	DATE	FEES PAID AMOUNT						
			FORM FILL YES / NO	NO.								
	FIRST YEAR											
SI	ECOND YEAR											
					l							
	e : Sion-Mumbai.`		G' CFul / C	1	G:	Cal. Ca. Lond						
Date	<b>:</b>		Signature of Father / Guar Name :			of the Student						
			FOR OFFICE US	SE ONLY								
			1511511020									
Thir	d Year College Fee	Receipt No	Amount			Date	_					

PRINCIPAL Student Section Scholarship Section Exam Section Accounts Section Registrar