KISHINCHAND CHELLARAM LAW COLLEGE

Date:28.03.2024

NOTICE

LL.M. (SEM – III& IV) REGULAREXAMINATION FORM AND FEES PAYMENT FOR ACADEMIC YEAR 2023-2024

Students who are admitted to second year of LL.M. Semester – III & IV are informed to fill in the examination form and the same should be mailed on kclawllm@gmail.com as per the dates mentioned below:

Following are the dates of payment of examination fees:

Sr. No.	Exam Fees	Dates	
I.	Rs 3330/-		
	103 55507=	28.03.2024 to 30.03.2024	

Required Documents

1. College Identity Card

2. Semester I &II-mark sheet



MW/MYDOC/NOTICE-SJ

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To, The Principal Kishinchand Chellaram Law Colle Sir / Madam, 1. Full Name Shri. /Smt./Kum.	ege, Mumbai.			G.R. NO.	
(In Capital) 2. Residential Address in Mumbai	Surname	Name	Father/Husba	ind's Name	Mother's Name
			CULTURE STREET		

Mobile no. _____

3. If belonging to Physically Handicap give particulars Blind/LD/Hearing Disability/Orthopedically Impaired/ Mentally

E-mail:

and attach certificate: ____

4. Academic Record:

Sr. No.	Subject Name			Enter Marks ONLY if claiming
	BUSINESS LAW	CRIMINAL LAW & CRIMINAL ADMINISTRATION	Marathi-2	exemption
1.	PRACTICAL PAPER	DD A PERMIT CA 12 VILLAR		
2	LAW OF INSURANCE	PRACTICAL PAPER		
1	BANKING LAWS	TREATMENT OF OFFENDERS		
	LANKING LAWS	FORENSIC SCIENCE & SCIENTIFIC INVESTIGATION OF CRIME		

To be filled in by Repeater only	Month & Year of last attempt	Seat No.
Semester -I		
Semester -II		
Semester -III		
st Year LL.M. Roll No.	: Group:	
cond Year LL.M Roll N	o.: Group:	Academic Year Academic Year

Undertaking and Declarations:

I declare that the information given in this application form by me is complete and accurate to the best of my knowledge and I believe it

Place:

Date:

College Code 106 KISHINCHAND CHELLARAM LAW COLLEGE

Mumbai

REGULAR /ATKT Exam form for Second year LL.M (semester - IV)

(N.B- Incomplete forms will be rejected.)

To, The Principal Kishinchand Chellaram Law Colleg	ge, Mumbai.		G.R. NO.	
Sir / Madam,				
 Full Name Shri. /Smt./Kum. (In Capital) 	Surname	Name	Father/Husband's Name	
2. Residential Address in Mumbai		ivanie	Famer/Husband's Name	Mother's Name
Mobile no.	E-mail:			

3. If belonging to Physically Handicap give particulars Blind/LD/Hearing Disability/Orthopedically Impaired/ Mentally Retarded

and attach certificate:

4. Academic Record:

Sr. No.	Subject Name			Enter Marks ONLY if claiming exemption
	BUSINESS LAW	CRIMINAL LAW & CRIMINAL ADMINISTRATION	Marathi-2	
1_	DISSERTATION	DISSERTATION		
2	VIVA-VOCE	VIVA-VOCE		
3	INTERDISCIPLINARY PROJECT	INTERDISCIPLINARY PROJECT		
4.	VIVA-VOCE	VIVA-VOCE		

To be filled in by Repeater only	Month & Year of last attempt	Seat No.
Semester -I		10.000
Semester -II		
Semester -III		
Semester -IV		

5. First Year LL.M. Roll No.: _____ Group: _____ Academic Year _____

5. Second Year LL.M Roll No.: Group: Academic Year

Undertaking and Declarations:

I declare that the information given in this application form by me is complete and accurate to the best of my knowledge and I believe it to be true.

Place:	
Date:	

Signature of the Student