

(A Religious Minority University) (Established by an Act No. 18 of Karnataka State Legislature)

Address: Admission Cell, Khaja Bandanawaz University Campus, Rauza-i Buzurg, KALABURAGI - 585 104 Contact No. +91 8472 236041 (Extn. 128 & 136) Website: **kbn.university** E-mail: registrar@kbn.university

PROVISIONAL REGISTRATION FORM FOR LL.B (3 YEARS) BA. LL.B (5 YEARS)							
Candidate's Name (as per 10+2 certificate)							
Date of Birth		Male		Female		Nationality	
Father's Name							
Father Occupation							
Mother's Name							
Address							
City							
State							
Mobile No.							
Email Id							
Month - Year of Passing							
Qualifying Examination passed							
COURSE APPLIED FOR							
SUBJECT COMBINATIONS							
 Declaration - I I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled. If admitted to the KBNU I shall abide by its Rules & Regulations I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions. Any dispute arising out of the process of the admission through KBNU are subject to the jurisdiction of civil courts of Gulbarga. 							
					Signature o	f the Candidate	
Declaration - II I, the parent / guardian of the applicant hereby declare that I am aware of the financial obligation of admitting my child to the KBNU. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the							
rules. I also accept and endorse the Declaration made above by my child. Place:							

Date:

Signature of the Parent / Guardian