# DR. AKHILESH DAS GUPTA INSTITUTE OF PROFESSIONAL STUDIES

(FORMERLY DR. AKHILESH DAS GUPTA INSTITUTE OF TECHNOLOGY & MANAGEMENT)

FC-26, SHASTRI PARK, NEW DELHI-110053, Phone No. 011-49905900-99

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## APPLICATION FORM

**(ACADEMIC SESSION 2026-2027 )**

Available Courses: BA-LLB (Hons.) ☐ BBA-LLB (Hons.) ☐

Course Applied for : _____

GGSIPU Registration No. : _____

Entrance Exam Type (Please Tick Whichever Applicable) : CLAT / CUET

CLAT/CUET Application No. : _____

CLAT/CUET Score. : _____

1. Name : _____
(As per 10th/High School Certificate)

2. Date of Birth : _____ 3. Gender : _____
(As per 10th/High School Certificate)

4. Father's Name : _____ 5. Mother's Name : _____

6. Permanent Address : _____

_____

_____ Pin Code : _____

7. Father's Contact No. : _____ 8. Student's Contact No. : _____

9. Student's email-ID : _____

10. Category (General/SC/ST/PH/DEF) : _____ 11. Region (Delhi/Outside Delhi) : _____

12. Percentage in Qualifying Exam : _____

### 13. DECLARATION: WE, THE UNDERSIGNED JOINTLY DECLARE THAT :

The information furnished above is true to the best of our knowledge and belief if at any stage, it is found that any of the information furnished above is incorrect or not in accordance with the requirement of the programme applied for, the admission granted to the student may be rejected by the college for which we will be solely responsible.

_____
(Signature of the Parent/Guardian)

Name : _____

_____
(Signature of Applicant)

Name : _____

Date : _____