Sl.No ……..

MADHUSUDAN LAW UNIVERSITY

STATION ROAD, CUTTACK-753003

APPLICATION FORM FOR ISSUE OF DUPLICATE REGISTRATION RECEIPT

(To be filled in by the Candidate)

1. Name of the Candidate
   (In Block Letters) :…….

2.Name of the Father :…….

3. Date of Birth : …….

4.Name of the College affiliated
   to this University where first : …….
   admitted.

5. Year of Admission :……..…

6. Class to which admitted :……..……

7. University Registration No :……...

8. A sum of Rs.400/- (Rupees Four Hundred) only has been deposited in the shape of Bank Challan vide No……. Dated…… enclosed herewith.

Date:

……
(Full Signature of the Candidate)

Address……..

…….

Contact No……

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FOR OFFICE USE

Duplicate Registration Certificate issued vide Sl No…… dated……

Signature of Verifying Officer