



FOR LL.B

 IDENTITY CARD FILL IN WITH BLOCK LETTERS ONLY	Stamp sized photo
No.: WBNUJS/ACAD/LL.B/2018/ _____	Residential Address:
Name: _____ ID. No. _____	Mobile No.: _____
Date of Birth: _____ Course: B.Sc/BA, LL.B (Hons.)/LL.M	E-mail ID.: _____
Valid upto: 30 th June, 2024	Identification Mark: _____
	Blood group: _____
	Date: _____ Signature of issuing authority

FOR LL.M

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No.: WBNUJS/ACAD/LL.M/2018/ _____	Residential Address:
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