

**APPLICATION FOR ADMISSION TEST**

CRASH COURSE FOR LAW ENTRANCE EXAMINATIONS '2024

**Use Capital Letter only**

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Address : \_\_\_\_\_

Contact No. : 

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WhatsApp. No. : 

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Qualification : Arts / Commerce / Science

Semester / Year (1<sup>st</sup>/2<sup>nd</sup> /3rd) : \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

<b>SUBMISSION OF APPLICATION FORM</b> TIMING: 5:00 PM TO 9:00 PM (EXCEPT TUESDAY) 10:00 AM TO 1:00 PM (SUNDAY)	AT C/O KIDZ CARE 30, JHOWTALA ROAD , KOL-17 (NEAR QUEST MALL, EXIT GATE NO 4)
<b>LAST DATE FOR COLLECTION &amp; SUBMISSION OF APPLICATION FORM</b>	<b>By 06-12-24 (FRIDAY)</b>
<b>ADMISSION TEST</b>	<b>08-12-2024 (SUNDAY)</b> REPORTING TIME : 9:30 AM
<b>TEST VENUE</b>	<b>THE QURAIH INSTITUTE</b> 5/1, KIMBER STREET KOL-17 NEAR ARSALAN HOTEL (7 POINT PARK CIRCUS)