FORMAT FOR LETTER FROM EMBASSY (In the Letter head of the Embassy office)

No.	Dated:
	<u>CERTIFICATE</u>
по	certify that (Sponsor's name) holder of Indian passport datedissued at (Place of issue) is residing in this country He/ She is a Non- Resident Indian.
	(Signature, Designation & seal of the issuing authority)
	SPECIMEN-II
	FORMAT FOR THE EMPLOYER CERTIFICATE (In the letter head of the Company / Organization)
No.	Dated:
Th	is is to certify that (sponsor's Name) holder of Indian
	nodated issued at (place of issue) is an
	of our company / organization since (Date of joining) in the
This certif	icate is being issued upon his/her request for the purpose of college admission.
	(Signature, Designation & seal of the issuing authority)

ANNEXURE - I

DECLARATION BY THE CANDIDATE

I,, hereby declare th	at all the particulars stated in
this application and enclosures are true to the best of my	y knowledge and belief. I have
read the Information Brochure and I shall abide by the	terms and conditions therein. I
am aware that my admission will be provisional and ir	, ,
ineligible at the time of reporting, my admission wil	
admitted, my admission will be cancelled. I am also awar	re that in all matters concerning
admission, the decision of the Tamil Nadu Dr. Ambedd	
final and I shall abide by it. I am fully aware that as pe	
Supreme Court of India and Tamil Nadu Prohibition of r	
offence and is banned in the Institutions and anyone inde	
punished such as expulsion from the Institution and/or	r rigorous imprisonment up to
three years and/or fine up to Rs.25, 000/-	
Place: Date:	Signature of the Candidate
Date.	Signature of the Candidate
DECLARATION BY THE PAR	RENT
I,, hereby declare that al	ll facts given in the application by
the Candidate Mr. / Ms	who is my son/daughter
are true and correct. In case, any particulars furnished in	
incorrect at a later stage, I agree to forfeit the admission	•
whatever stage of the course at that time. I hereby give a	
his/her dues to the University/Hostel till the completion undertake the responsibility for his/her good conduct. I	•
concerning admission of my son/daughter, the decision	
Law University Chennai is final and I shall abide by it.	
directions of the Hon'ble Supreme Court of India and Ta	
Act 1997, ragging is an offence and is banned in the Ins	
ragging is liable to be punished such as expulsion from	
imprisonment up to three years and/or fine up to Rs.25, (9
Place:	
Date:	
	Signature of the Parent Name:

DECLARATION BY THE SPONSOR

l	• • • • • • • • • • •		son / da	aughter of		• • • • • • • • • • • • • • • • • • • •	
and having Pas	ssport no			issu	ed at		and
residing at	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	here	by decla	re that I am
the Father	/	Mother	/Legal	Guardian	of	the	candidate
Mr./Ms			• • • • • • • • • • • • • • • • • • • •	under	take to	financia	lly sponsor
the above cand	lidate for	the entire o	course of stu	dy in the Tam	il Nadu	Dr. Am	bedkar Law
University Che	nnai. I a	m also awar	e that in all r	natters concer	ning adı	mission,	the decisior
of Tamil Nadu	Dr. Amb	edkar Law I	Jniversity, C	hennai is final	and I sh	all abide	by it.
Place:							
Date:							
				Si	gnature	of the Sp	onsor
				N	ame:		

ANNEXURE - III

MEDICAL CERTIFICATE
(To be produced at the time of counseling)

	Certified that I, Dr				
(IMC.	Reg.No.	• • • • • • • • •) have thi	s	
day of			2011 examined t	he candidate wh	nose particulars
are giv	ven below:				
1.	Name of the Candidate				
		•			
2.	Name of the parent	:	361 /5 1		
3.	Sex	:	Male / Female		
4.	Age with date of Birth	:	years		
			Date	Month	Year
5 Idor	ntification Marks				
5. Idei					
	1.				
	2.				
6. Whether the candidate fulfils the following standards			: <u>Normal</u>	If No, specify	the defect
(a) General Fitness consists of			Yes/No		
Full Bl	lood Test including HIV Te	est			
Full U	rine Test				
Chest	X-ray				
ECG					
Menta	l Retardness Test and				
Other	General Tests				
(b) Vis	sion		: Yes/No		
(c) Auditory functions		: Yes/No			
(d) Speech functions		: Yes/No			

7. Whether I	Physica	ılly Handicapped	: Yes / No (If Yes specify the defect and the			
	(i)	Vision	extent of disability)			
	(ii)	Speech				
	(iii)	Hearing				
	(iv)	Limbs				
8 OPINION	: with	the above clinical de	ails please specify,			
eligible to be	e consid	date is physically dered for admission Ambedkar Law Univ	Yes/No (If <u>No</u> specify the reasons) rersity,			
Signature of	f the C	andidate	Signature of Regd. Medical Practitioner			
Place : Date :			Register No. : Full Address:			