

**THE WB NATIONAL UNIVERSITY OF JURIDICAL SCIENCES**  
**DR. AMBEDKAR BHAVAN, 12 LB BLOCK, SECTOR-III, SALT LAKE CITY**  
**KOLKATA-700098, WEST BENGAL, TEL: 033 23350500 / 7379**  
<http://www.nujs.edu>

**Application Form for Post Graduate Diploma in Air and Space Law (PGDASL)**  
**Academic Year: 2017 - 2018**

**1. Personal Details:**

Name: .....

Date of Birth: .....

Gender:  Male  Female

Nationality: .....

Religion:..... Category:.....

Person with disability:  Yes  No

**Paste recent  
passport size  
photograph**

**2. Contact Information:**

Postal Address: .....  
.....  
.....  
.....

Telephone No: .....

Mobile No: .....

E-mail: .....

(Note: All future communications are made through e-mail. Please keep us updated about the change in your e-mail id)

**3. Academic Qualifications:**

Sl. No.	Degree	Name of the University	Year of Passing	Percentage of Marks

\* Enclose attested photocopy of certificates in support of qualifications / The candidates who are pursuing their final year degree must attach a certificate from the Principal / Head of the Institution authenticating the fact.

\* Three copies of recent passport size photograph must be sent along with the application.

#### **4. Fee:**

Indian candidates must pay the application and registration/course fee of Rs. 21,000/- (Rupees twenty one thousand only) by way of Demand Draft in favor of 'WBNUJS PGDASL' payable at Kolkata. The foreign candidates must pay the application and registration/course fee of US\$ 850/- (United States Dollar eight hundred and fifty only) either by way of Demand Draft in favor of 'WBNUJS PGDASL' payable at Kolkata or by way of wire transfer to WBNUJS PGDASL account. (Refer the advertisement for further details)

#### Details of the Fee Paid:

D.D. No. / Wire Transfer Receipt No. & Date	
Name of the Bank	
Amount	

#### **5. Declaration:**

I declare that the information provided by me in connection with this application is true and correct. I understand that any inaccurate or false information shall render this application invalid and that, if admitted on the basis of such information, my admission may be cancelled.

I also hereby accept to abide by the rules and regulations of the University and instructions given by the course coordinator from time to time.

Date:

Place:

**(Signature of the Applicant)**