Annexure - 2



Maharashtra National Law University Mumbai

7, The (Controller of Exa	aminations, Mumba	ai	
	ire to appear for	the First / Second	Semester Examination to be	held in December 2022
		EXAMINATIO	N DETAILS (Tick the right o	entries)
Examinat	ion appearing fo	or:	Enr	ollment No.
I Year				
Sem.	I II			
Student's	Name:			
(In Block	Capital Letters)	(Surname)	(First Name)	(Father's Name)
Note: Cand records. No	Mother's Nan	ne:aharashtra should write	(First Name) e their name as per SSC/HSC Certif	
Note: Candrecords. No	Mother's Namidates other than Michange will be made	ne:aharashtra should write	e their name as per SSC/HSC Certif	
Note: Candrecords. No	Mother's Namidates other than Michange will be made	ne:aharashtra should write de hereafter.	e their name as per SSC/HSC Certif	ficates to appear on University
Note: Candrecords. No No. of Sul Subjects for Sr. No.	Mother's Nan idates other than M change will be mad bjects appearing or which appear	ne:aharashtra should write de hereafter.	e their name as per SSC/HSC Certif mes carefully)	ficates to appear on University
Note: Candrecords. No No. of Sul Subjects for Sr. No.	Mother's Nan idates other than M change will be mad bjects appearing or which appear	ne:aharashtra should write de hereafter.	e their name as per SSC/HSC Certif mes carefully)	ficates to appear on University
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Note: Candrecords. No No. of Sul Subjects for Sr. No. 1 2 3 4 5 6	Mother's Nan idates other than M change will be mad bjects appearing or which appear	ne:aharashtra should write de hereafter.	e their name as per SSC/HSC Certif mes carefully)	ficates to appear on University

I hereby declare that I have gone through the syl		
I shall be responsible for any errors and wrong o		
	such as change in the time or day fixed for the Univer	sity
examination on any ground.		
Date:/	Signature of Candidate:	
	<u> </u>	
> No dues: (Signature and Seal of respec	ctive authorities required for the same)	
 Student Affairs (Feedback Form)):	
• Library :		
,		
• Finance Section :		
Outstanding dues would lead to disqualificati	ion from appearing in the End Semester examination.	
For Offic	ice Use Only	
	*	
Date:/	Controller of Examinations:	

Declaration: