

REGISTRATION FORM

**“1st National Conference on Interlinking of Legal Aid
Centres & Legal Services Authorities”**

(Date: April 09, 2016)

Name/s (In Capital Letters):

Name of the Institute:

Correspondence Address:

Contact No.

E-Mail:

Gender:

Male

Female

Please send this form duly filled to:

Dr. Madhuker Sharma / Mr. Saurabh Chandra

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