

REGISTRATION FORM

Workshop for Para Legal Volunteers of Legal Aid Centers

Date: January 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

Symbiosis Law School, Noida

Email: lac@symlaw.edu.in / research@symlaw.edu.in