

LEGAL EDUCATION AWARENESS FOUNDATION

ONLINE COURSE ON
INTERNSHIP PLANNER

REGISTRATION FORM

Name of the student (IN CAPITAL LETTERS):

Date of Birth: _____

Contact No.: _____

E-mail: _____

Address (For correspondence): _____

Institute: _____

Batch: _____

Mode of Payment: _____

Transaction ID/ Ref. No.: _____

Signature of the student

