

REGISTRATION FORM

Name: _____

Designation: _____

Employment Details: _____

Age: _____ years

Sex: M/F _____

Nationality: _____

Mailing Address: _____

E Mail: _____

Phone : _____

PAYMENT DETAILS

Accommodation Required : _____

Accommodation Preference (Please refer to the website <http://nludelhi.ac.in/iwbc/regi.pdf> for complete details on accommodation options) : _____

Transaction ID (For online payment mode) : _____

DD Details (For Offline mode – only for National Delegates) : _____

*Demand Draft should be made in favour of the “Registrar, National Law University Delhi.” payable in Delhi.

Please send the copy of this registration form to cclg@nludelhi.ac.in or to the following address:

The Registrar
National Law University, Delhi
Dwarka Sector 14
New Delhi – 110078.

Signature of the Applicant

Date: