

ONE DAY WORKSHOP ON CRIMINAL LITIGATION & TRIAL ADVOCACY

REGISTRATION FORM

Name of Participant (in Capital Letters):

Male/Female:

Date of Birth:

Occupation:

Name of the Institution:

.....

Correspondence Address:

.....

City:

State: Zip code

Contact Number:

Email:

Payment Details

Amount..... (in words)

DD/NEFT/RTGS/IMPS No Date of Transfer

Transfer Bank Details

PAYTM Number & Transaction ID PAYTM (In case of PAYTM transaction)

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Signature of the Participant

TRAVEL AND ACCOMMODATION FORM

(TO BE FILLED IN CAPITAL LETTERS ONLY)

Accommodation Facility Required: Yes

No

If yes, then:

Name of the Participant:

Gender:

Contact Number:

Email:

ARRIVAL DETAILS

Date & Time of Arrival	Mode of Arrival	Train No./ Bus No.	Train/ Bus Name	Other Details (if any)

DEPARTURE DETAILS

Date & Time of Departure	Mode of Departure	Train No./ Bus No.	Train/ Bus Name	Other Details (if any)

Signature of the Participant