



# *Bangalore Institute of Legal Studies*

## *National Seminar*

### **Registration Form**

University/College: \_\_\_\_\_

Name: Mr./Ms./Mrs. \_\_\_\_\_

Year: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email id: \_\_\_\_\_

Name of Co-Author, if any: Mr./Ms./Mrs. \_\_\_\_\_

Year: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email id: \_\_\_\_\_

Signature of Participants