

INSTITUTE FOR JUDICIAL AND LEGAL STUDIES
CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMME
APPLICATION FORM

TITLE: (Mr./Mrs./Miss):		
SURNAME:		
NAME:		
DESIGNATION:		
CONTACT ADDRESS:		
OFFICE TELEPHONE NUMBER:		
MOBILE NUMBER:		
FAX NUMBER:		
EMAIL ADDRESS:		
TITLE OF COURSES INTERESTED IN:	Course	Scheduled Date

FOR COURSES WHERE LUNCH IS PROVIDED	<input type="checkbox"/> Veg <input type="checkbox"/> Non Veg	

DATE OF SUBMISSION: **SIGNATURE:**

FOR OFFICE USE ONLY:

NAME OF RECEIVING OFFICER: **DATE:**

TIME: **STATUS:**

REMARKS:

Important Note:

Candidates are advised that they should settle payment of their yearly fee as prescribed by law to the Institute before enrolling on a Continuing Professional Development Programme.