**THE JUSTICE INITIATIVE: A NATIONAL MEET OF CHILD RIGHTS LAWYERS**

**REGISTRATION FORM**

**NAME** : Click or tap here to enter text.

**AGE** : Click or tap here to enter text.

**SEX** : Choose an item.

**EDUCATION DETAILS:**

**Degree :** Click or tap here to enter text.

**University :** Click or tap here to enter text.

**Year of Passing :** Click or tap to enter a date.

**ADDRESS FOR CORRESPONDENCE**

Click or tap here to enter text.

**Phone Number** : Click or tap here to enter text.

**Email Id** : Click or tap here to enter text.

**Where do you practice (Geographical location)?**

Click or tap here to enter text.

**Number of years in practice:** Click or tap here to enter text.

**Which kind of Courts do you practice at?**

Click or tap here to enter text.

**Which law(s) related to children do you practice?**

Click or tap here to enter text.

**Are you associated with any NGO/Organisation/Networks/Campaigns?** Choose an item.

**If yes, please provide details.**

Click or tap here to enter text.

**Briefly explain why are you interested in the programme? (Maximum 500 words)**

Click or tap here to enter text.

**How will you use the learnings of the programme? (Maximum 500 words)**

Click or tap here to enter text.

**Disability (If any):** Choose an item.

**If Yes, please provide details.**

Click or tap here to enter text.

**Any major illness or allergies:** Choose an item.

**If Yes, please provide details.**

Click or tap here to enter text.

**Declaration:**

The information provided herein the form is true to the best of my knowledge.

 Click or tap here to enter text.

Signature of the candidate