

**PROGRAMME FOR INTERNSHIP FOR L.L.B./L.L.M./ RESEARCH STUDENTS
IN ARMED FORCES TRIBUNAL, REGIONAL BENCH, LUCKNOW.**

APPLICATION FORM

Name		PASTE YOUR PHOTO HERE			
Address for correspondence					
E-mail ID					
Mobile No./Tele No.					
Date of Birth					
Educational Qualification starting from 1 st year of Graduation/Law Course onwards:-					
S. No.	Name of Board/University/ Institute	Examination passed	Year of passing	Division obtained with percentage/ grade in all semesters	subject
Name of the Institute; semester of the course presently pursuing and its duration					
Period during which internship is required					
Name of the Director and Head of Department of the present Institute with telephone numbers and fax/e-mail.					
Indicate the proposed topic of research during internship with a brief note on specific aspects relating thereto.					

Place : _____

Date: _____

Student's Signature