LEGAL RIGHTS FORUM

Struggling for Justice

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Phase-II, DHA, Karachi
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FELLOWSHIP FORM

IN ORDER TO EXPEDITE YOUR APPLICATION
FOR FELLOWSHIP PLEASE FILL THIS FORM
IN CAPITAL LETTERS.

FULL NAME

C.N.I.C NUMBER

FATHER'S NAME

FAMILY NAME

DATE OF BIRTH

PLACE OF BIRTH

BAR ENROL. NO.

CELL NO.

PHONE NO.

E-MAIL

MAILING ADDRESS

POSTAL CODE

EDUCATION

CERTIFICATE/DEGREE	MAJORS/SUBJECTS	YEAR	DIVISION/ GRADE	COLLEGE/POLYTECHNIC BOARD/UNIVERSITY

I UNDERTAKE TO ABIDE THE CONSTITUTION / RULES / REGULATIONS OF **FELLOWSHIP PROGRAM** AND FURTHER AFFIRM THAT ALL DECISIONS PASSED TIME SHALL ALSO BE BINDING UPON ME.
NOTE: ENCLOSED THE PHOTO COPY OF CNIC & RELEVANT DOCUMENTS.

DAY **MONTH** **YEAR**

SIGNATURE OF APPLICANT

OFFICE USE ONLY

FORM WILL BE SUBMITTED BEFORE THE SCRUTINY COMMITTEE FOR APPROVAL OF FELLOWSHIP.

FELLOWSHIP NO.

DATE

DAY **MONTH** **YEAR**

COMMENTS:

APPROVED

NOT APPROVED

AUTHORITY SIGNATURE