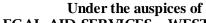
The Director, Post Graduate Diploma Course in Counselling (AFFILIATED TO UNIVERSITY OF CALCUTTA)





LEGAL AID SERVICES - WEST BENGAL

Email: laspgdiploma@gmail.com Website : www.legalaidwb.org



Note: Fill in the Form carefully. Incomplete Form or False statements will mean rejection.

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Identifying	Name of the Candidate :	photograph
	(Use Capital Letters)	
	Date of Birth:Blood Group	
	(As per School Leaving/Madhyamik/CBSE-X/ICSE-X/Any other Board Certificate)	
Information	Father's / Mother's / Husband's Name :	~~
mormation	Nationality:	
	Postal Address: House / Flat No	
	Street	
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Education	H.S. Level:	
	Name of the Examination :	••••••
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	applicable)	mark where ever
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	Additional Qualification(If any): LLB / LLM / PhD / MBA / B.LIB / Any	g
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Payment	Total Amount Paid: In figures: Rs	
Of Fee	Payment made in Cash / Demand Draft / Cheque (Give a Tick Mark)	
01100	In paid in DD or Cheque: DD or Cheque No	
	Issued on the Bank (Name of the Bank and Branch):	
	Payment in Favour of:	IGEN I ING
	LEGAL AID SERVICES – WEST BENGAL A/C P.G. DIPLOMA COURSE IN COUN	NSELLING
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Declaration	I hereby, declare and confirm that information and statement recorded in this form are corr	ect and true to the
best of my ki	· ·	
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Signature		
Date	Full Signature of the Candidate:	
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	FOR LASWEB OFFICE USE ONLY	
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The application was verified by		
scrutiny of the application form and the documents, Admission is Granted / Admission is Refused / Admission is Pending subject		
to Verification	and Submission of required documents / Payment of Fee	
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Date: Signature of Admission Granting Authority		