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 **CENTRE FOR BUSINESS LAWS**

 **GOVT. LAW COLLEGE, THRISSUR**

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 Name of the Participant:………………………………………………………

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 Course of Study: …………………………………………………………….

 Name and Address of Institution/University: …………………………………

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 Male/Female: ………………………………………………………………….

 Age: …………………………………………………………………………..

 E-mail Address:……………………………………………………………….

 Personal Contact Number:…………………………………………………...

 Address for Correspondence:…………………………………………………

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Signature of Participant Seal & Signature of

 Head of Institution