CONTINUOUS LEGAL EDUCATION PROJECT
AT
NATIONAL UNIVERSITY OF STUDY AND RESEARCH IN LAW, RANCHI

APPLICATION FORM FOR CLE PROGRAM (FEBRUARY, 2026)					
Note: ***Fields Marked with * is Mandatory***					*Passport size colour photograph of the candidate to be affixed and cross signed by the candidate*
Name*:					
Aadhar No.*:					
Father's Name*:					
Mother's Name*:			**PwD (Y/N):**		
Marital Status*:			**Name of the Spouse:**		
Date of Birth*:			**Gender*:**		
Mobile No. *:			**Email*:**		
Domicile State*:			**Category (ST/SC/OBC) *:**		
Enrolment No.*:			**State Bar Association*:**		
Date of Enrolment:			**Years of Practice:**		
Area of Practice: Civil / Criminal			**Place of Practice:**		
Correspondence Address*:					
Pin Cide*:		**District*:**		**State*:**	
Permanent Address (if applicable):					
Pin Code:		**District:**		**State:**	
Educational Details*					
Degree	**Institution**	**Board/ University**	**Full Time/ Part Time**	**Year of passing**	**Percentage**

Work Experience Details*

Note: *Please do not mention experience gained as a volunteer. Start from most recent experience. If you have worked in more than one area/post within the same organization, please enter the details separately.*

Name of Organization/ company	**Email & contact no. of reporting authority**	**Designation held**	**Remuneration/ Salary**	**Brief Job Profile**	**Duration of experience From – To and mention total experience months**

Training/ Seminars Attended*

Sl. No.	**Nature of Training**	**Name of Institution**	**Subject of Training**	**No. of days/ months/ year**	**Training Year**

Statement of Purpose (in 500 words)
Stating why you are interested in CLE Training Program

Certification: I have read the terms and conditions mentioned in the advertisement and will abide by them. I confirm and certify that the particulars furnished above by me are correct and complete to the best of my knowledge and belief. I understand that if any of the information furnished by me is found to be incorrect or incomplete, my application is liable to be not considered and that I will not have any claim for the same.

Signature of the Applicant

Place:

Date:

List of self-attested testimonial attached (original to be shown during the Program)

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