**SHRI VAISHNAV INSTITUTE OF LAW, INDORE**

**Registration Form**

**ALUMNI MEET - 2016**

 **Shri Vaishnav Institute of Law, Indore**

Full Name:

Starting Year & Pass out year in SVIL:

Stream (B.A.LL.B. (Hons.) /LL.B. (Hons.) /LL.M.) :

Present Profession/ Designation

Present Address:

Mobile Number:

Email:

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a pass out student of SVIL, Indore, want to attend the Alumni Meet 2016, in SVIL, Indore and submitting herewith the scanned copy of my form of consent by email.

 Yours faithfully,

 (Full Signature of the Pass out Student)