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## **Membership Application Form**

To, The Man Law Mai New Dell		nt		
Dear Sir/	Ma'am,			
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-	y Member (	•		
	e Member ( e Member (	•		
	Member (			
fiscal yea Number .	ar by cash/cheque no/No	eft No/Online Transaction	r the entrance and members n Number/Cash Deposit Tra	ansaction Number/RTGS
2. Add				
3. Mol	oile		Pin CodeAlt.noAffiliation.	
	ne of Institution cational Qualification			
S.No.	Examination	Board	Passing Year	Division
		1	1	

	Designation	Time Period
8. Previous Registration No. (if any)	Year & Date	
9. Recommend by (if any		
Date		
	Applicants S	ignature
Note:- Please Send Scan Copy of Form wit	h Updated C.V via email at <u>lawmantra</u>	n001@gmail.com
Details of Bank:		
<ul><li>Account Holder: Law Mantra, Nam</li></ul>	ne of Bank : Indian Bank, Account Nui s of Bank:- B-13, Lajpat Nagar Ii, La	· · · · · · · · · · · · · · · · · · ·
> Account Holder: Law Mantra, Nam IFSC Code: IDIB000L019, Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
<ul> <li>Account Holder: Law Mantra, Nam IFSC Code: IDIB000L019, Address Delhi, Pin – 110024.</li> </ul>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
<ul> <li>Account Holder: Law Mantra, Nam IFSC Code: IDIB000L019, Address Delhi, Pin – 110024.</li> <li>Gees and Subscriptions</li> <li>Donor Member. Rs 60,000 (One Time)</li> <li>Life Members. Rs. 12,000/- (One Time)</li> </ul>	s of Bank:- B-13, Lajpat Nagar Ii, La	· · · · · · · · · · · · · · · · · · ·
<ul> <li>Account Holder: Law Mantra, Nam IFSC Code: IDIB000L019, Address Delhi, Pin – 110024.</li> <li>Fees and Subscriptions</li> <li>Donor Member. Rs 60,000 (One Time)</li> <li>Life Members. Rs. 12,000/- (One Time)</li> <li>Corporate Members Rs. 15,000 (P.A.)</li> </ul>	s of Bank:- B-13, Lajpat Nagar Ii, La	njpat Nagar, South Dell
> Account Holder: Law Mantra, Nam IFSC Code: IDIB000L019, Address	· · · · · · · · · · · · · · · · · · ·	The state of the s

For Law Mantra Office use only		
Approved/Pending/cancelled by the Executive Comm	nittee Meeting held on	
Reason for Cancellation (If membership cancelled or	not approved)	
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	XX : G 11	
Receipt No	.Verified by	
Membership No.		
Date:-		
Date		
	( General Secretary/ Secretary Signature)	
Note: Please Remember Membership must be rene	ewed at beginning of the every fiscal year.	
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