



For office use:		
Decision		Treasurer's Ref.
		Passport Size Photograph
Student No:		

APPLICATION FORM

Name of the Programme :

Personal Details

Name with initials : (Mr/Mrs/Miss)	Names indicated by initials :	
Address (Permanent Residence)	Contact Address (If different from Permanent Residence):	
Residence Telephone No:	Office Telephone No:	
E-mail address :	Mobile No:	Fax No.:
Date of Birth :	National ID No:	Date of enrolment to the Bar:

Education / Professional Qualifications (Where required, please use additional papers)

From (Year)	To (Year)	Name of Institution	Nature of Degree/Diploma/ Certificate Etc.	Grade	Primary Subject, if any

Work Experience (Please start with the present employment)				
Place of work	Designation	From	To	Nature of work
Why you wish to follow the programme				
Referees				
1.)		2.)		
I declare that the information given herein is true and correct. I am aware that by making this application, I shall not be automatically qualified for registration to follow this course. I also undertake, if enrolled to, adhere to the academic and administrative rules of the Institute of Advanced Legal Studies.				
Signature :			Date :	