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# WEST BENGAL LAW CLERKS ASSOCIATION

REGD. OFFICE : SHESHA PARA, P.O. DANGUAJHAR, P.S. KOTWALI, DIST. JALPAIGURI, PIN - 735121 (W.B)

**Registration No. IV-070200064/2024**

(Registered under the Indian Trusts Act 1882, Govt. of India)

## CENTRAL COMMITTEE

### MEMBERSHIP REGISTRATION FORM

PHOTO

To,  
The President,  
West Bengal Law Clerks Association  
Central Committee

Dear Sir,

Please enroll me as a member of **West Bengal Law Clerks Association** in the State of West Bengal. I hereby express my willingness to become an active member of **WBLCA** and undertake to abide by the rules and regulations as amended by time to time of **WBLCA**. I declare that I am not a member any other law clerks organization.

1. Name : \_\_\_\_\_
2. S/D/W OF : \_\_\_\_\_
3. Full Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Nationality : \_\_\_\_\_
5. Pin Code : \_\_\_\_\_
6. Date of Birth : \_\_\_\_\_
7. Gender : \_\_\_\_\_
8. EPIC No. : \_\_\_\_\_
9. Marital Status : \_\_\_\_\_
10. Qualification : \_\_\_\_\_
11. Mobile No. : \_\_\_\_\_
12. Do you have Enrollment : Yes \_\_\_\_\_ No \_\_\_\_\_
13. Do you have Licence : Yes \_\_\_\_\_ No \_\_\_\_\_
14. Working Place : \_\_\_\_\_
15. Enrollment No. : \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant