

DISTRICT LEGAL SERVICES AUTHORITY

.....(Name of the District)

INTERNSHIP APPLICATION FORM 2026

Name	
Mother's Name	
Father's Name	
Date of Birth	
Name of Institution	
Course	
Year/Semester(Supported by Mark Sheet / Certificate)	
E-mail Address	
Mobile No & WhatsApp Number	
Permanent Address	
Local Address with Guardian's Name & Contact No.	
Any Experience of participation in Legal Aid/ Awareness/ Literacy Programme (Provide Details)*	
Other Academics related Extra Curricular Activities*	
Recommending Authority	

Dated:

Place:

Signature of the Candidate

*Enclose all documents in support