

THE IIS UNIVERSITY, JAIPUR

FORM FOR REGISTRATION AS A VOLUNTEER IN THE PROJECT ON ESTABLISHING A HELP CENTRE FOR WOMEN.

Name of the student	:	_____
Class	:	_____
Semester	:	_____
Address	:	_____ _____ _____
Mobile No.	:	_____
E-Mail	:	_____
Name of Father/Mother/Guardian	:	_____
Address	:	_____ _____ _____
Mobile No.	:	_____
E-Mail	:	_____

Signature of the Applicant