

MIZORAM LEGISLATIVE ASSEMBLY SECRETARIAT

AIZAWL, MIZORAM



YOUTH PARLIAMENT INTIHSIAKNA

REGISTRATION FORM

1. Name of institution : _____

2. Address : _____

3. Affiliated to : _____

4. Name of Principal : _____

5. Contact Details : 1. Phone : _____

2. Email : _____

The above particulars are true to the best of my knowledge.

(_____)

Principal

(Official Seal)

