



MAHARASHTRA NATIONAL LAW UNIVERSITY NAGPUR

(Established by Maharashtra Act VI of 2014)

LOCAL GUARDIAN FORM

Name of Student: _____

Course: _____

Year: _____

Name of Local Guardian: _____

Relationship with Student: _____

Occupation: _____

Address: _____

Contact no.:

(Res.) _____ (Off.) _____

(Mobile) _____

E-mail: _____

Signature of Local Guardian: _____

Signature of the Parent: _____