**Join the Training**

Fill up the entire form table fully after checking the spelling.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Full name | : |  |
| 2. | Address | : |  |
| 3. | Cellular No. | : |  |
| 4. | E-mail | : |  |
| 5. | Age | : |  |
| 6. | Qualification | : |  |
| 7. | Experience | : |  |
| Undertaking | | : | I have read the terms and conditions and agree to fully abide by them.  I also do hereby unconditionally undertake to successfully undergo proper online training with your associates "The Vakilbabu Academy" under the ‘Mastering Advocacy’ program along with the applicable terms and conditions. |

Now copy this form table and paste it in the page by clicking on the link.

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