

REGISTRATION FORM

PARTICIPATING INSTITUTION

NAME: _____

ADDRESS: _____

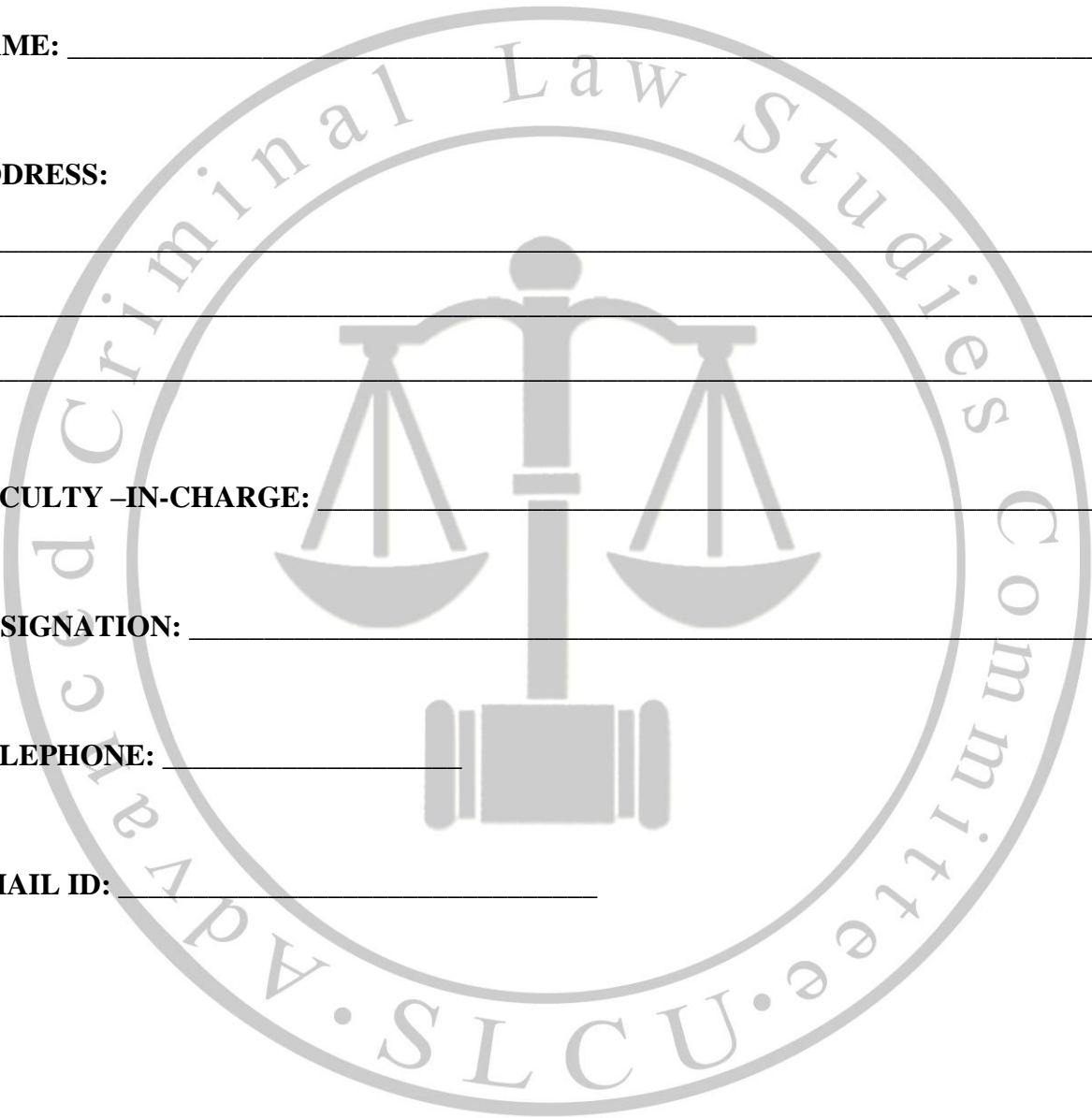
FACULTY -IN-CHARGE: _____

DESIGNATION: _____

TELEPHONE: _____

EMAIL ID: _____

Signature and Seal of the Faculty in-charge.



TEAM MEMBERS

SPEAKER 1:

NAME: _____

SEMESTER: _____

TELEPHONE: _____

EMAIL ID: _____

Attach passport
size photograph

SPEAKER 2:

NAME: _____

SEMESTER: _____

TELEPHONE: _____

EMAIL ID: _____

Attach passport
size photograph

RESEARCHER/WITNESS:

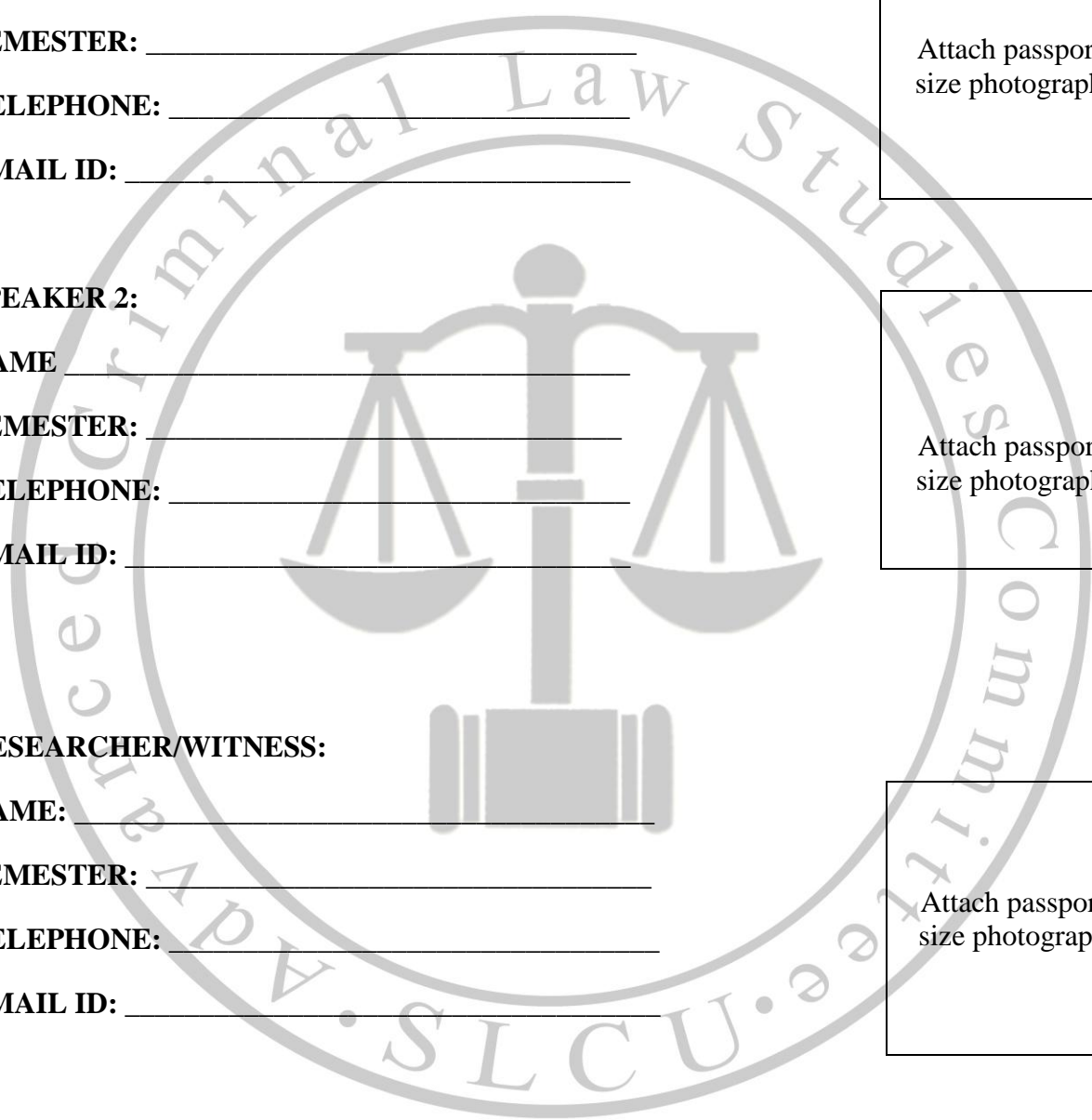
NAME: _____

SEMESTER: _____

TELEPHONE: _____

EMAIL ID: _____

Attach passport
size photograph



DECLARATION

WE THE UNDERSIGNED DECLARE THAT THE INSTITUTION AND ITS TEAM MEMBERS WILL ABIDE BY ALL THE RULES OF THE COMPETITION SET OUT IN THE RULES AND AS NOTIFIED TO US FROM TIME TO TIME THROUGHOUT THE PERIOD OF THE COMPETITION. WE ALSO DECLARE AND CONFIRM THAT ALL THE INFORMATION PROVIDED IN THE REGISTRATION FORM IS TRUE AND ACCURATE.

SPEAKER 1: _____

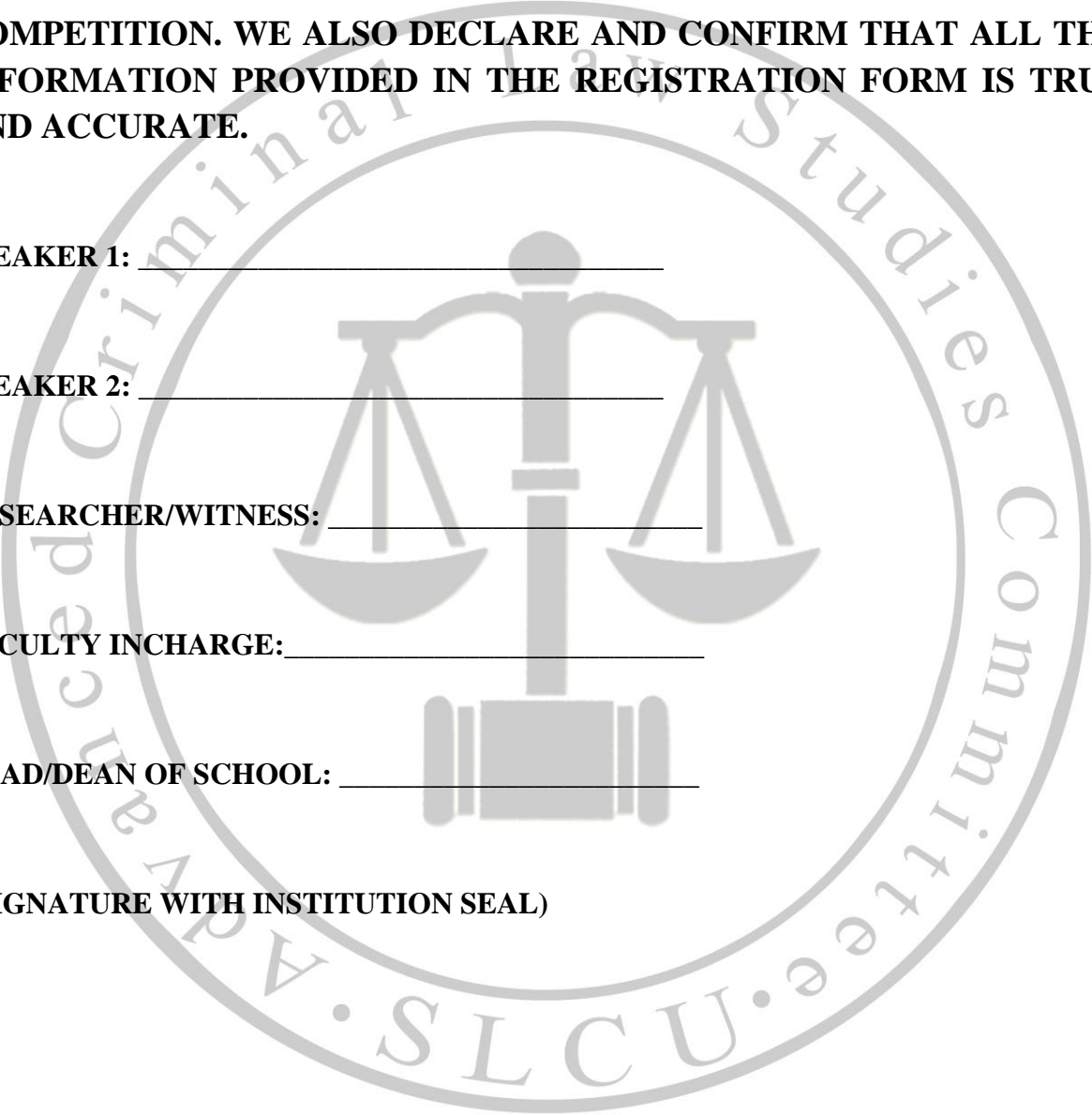
SPEAKER 2: _____

RESEARCHER/WITNESS: _____

FACULTY INCHARGE: _____

HEAD/DEAN OF SCHOOL: _____

(SIGNATURE WITH INSTITUTION SEAL)



TRAVEL DETAILS FORM

Name of Institution: _____

Team Code: _____

Communication Phone: _____

Arrival Details: a. Mode of Arrival: Train / Air / Bus:

b. Train No. / Bus No. / Flight No.: _____

c. Date of Arrival: _____

d. Estimated Time of Arrival: _____

Departure Details: a. Mode of Arrival: Train / Air / Bus:

b. Train No. / Bus No. / Flight No. : _____

c. Date of Departure: _____

d. Estimated Time of Departure: _____

