



TEAM REGISTRATION FORM

NAME OF THE INSTITUTION :

ADDRESS & CONTACT NUMBER :

NAMES OF PARTICIPANTS

SPEAKER 1 :

CONTACT NUMBER :

E-MAIL ID :

SIGNATURE :

Affix Photo

SPEAKER 2 :

CONTACT NUMBER :

E-MAIL ID :

SIGNATURE :

Affix Photo

RESEARCHER :

CONTACT NUMBER :

E-MAIL ID :

SIGNATURE :

Affix Photo

We, hereby acknowledge that the information furnished above are true to the best of our knowledge, and that we shall abide by the rules of the competition.

PLACE:

DATE :

SIGN AND SEAL OF HEAD OF THE INSTITUTION

Registration forms to be sent to the following Address:

**TARKA SASTRA- SEPTEMBER 2015
SASTRA MOOT SOCIETY,
SCHOOL OF LAW,
SASTRA UNIVERSITY
THANJAVUR-613 401
TAMIL NADU**

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- * Last date for registration through post/courier is on or before 28 August, 2015.*
 - * Participants are requested to bring either college identity cards or a bona fide certificate issued by the Institution.*
 - * The positions of Speaker 1, Speaker 2 and Researcher cannot be changed after the Inaugural function. If any changes are to be made in this regard, communicate the same to the student coordinators mentioned in the rules prior to the inauguration function.*



PARTICULARS OF DD

DD TO BE DRAWN IN FAVOUR OF SASTRA UNIVERSITY, PAYABLE AT THANJAVUR

Name of Bank & Branch : _____

Date : _____

DD. No : _____

We, hereby acknowledge that the information furnished above are true to the best of our knowledge, and that we shall abide by the rules of the competition.

PLACE :

DATE :

SIGN AND SEAL OF HEAD OF THE INSTITUTION

SIGNATURE:

Speaker 1 : _____

Speaker 2 : _____

Researcher : _____

NOTE: THE DD ALONG WITH THE REGISTRATION FORM SHOULD BE SENT TO:

**TARKA SASTRA- SEPTEMBER 2015
SASTRA MOOT SOCIETY,
SCHOOL OF LAW,
SASTRA UNIVERSITY
THANJAVUR-613 401
TAMIL NADU**