

## **TEAM REGISTRATION FORM**

NAME OF THE INSTITUTION	Al con
Address:	All a second second
Рн #	nu.
NAMES OF PARTICIPANTS:	1.1
SPEAKER 1:	Affix Photo
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SPEAKER 2:	
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Researcher:	
TELEPHONE NUMBER:	Affix Photo
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\*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.

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.

SIGN AND SEAL OF HEAD OF THE INSTITUTION

PLACE :

DATE :

## SIGNATURE:

Speaker 1 :	•••
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Speaker 2 : .....

Researcher: .....

Registration forms to be sent to the following Address:

TARKA SASTRA-2014 SASTRA MOOT SOCIETY, SCHOOL OF LAW, SASTRA UNIVERSITY THANJAVUR-613 401 TAMILNADU

\* Last date for registration through post/courier is on or before 5<sup>th</sup> March 2014.

\* Participants are requested to bring either college identity cards or a bona fide certificate issued by the Institution.

## PARTICULARS OF DD

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

Name of Bank &	
Branch: Date:	2
DD. No:	02

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 : INSTITUTION SIGN AND SEAL OF HEAD OF THE

DATE :

SIGNATURE:

Speaker 1 : ..... Speaker 2 : ..... Researcher: ....

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

TARKA SASTRA-2014 SASTRA MOOT SOCIETY, SCHOOL OF LAW, SASTRA UNIVERSITY THANJAVUR-613 401 TAMINADU