

“JUSTICE P N BHAGWATI 4th INTERNATIONAL MOOT COURT COMPETITION ON HUMAN RIGHTS”

TEAM REGISTRATION FORM

REGISTRATION PROCEDURE

Please fill out all the sections of the Registration Form for participation. The Team Registration Form should reach via email and post to the Organizing Committee no later than as mentioned in the official schedule. Please read the official Rules and Regulations of the Competition before submitting this form.

The Registration shall be addressed to the following:

To

THE PRINCIPAL

BHARATI VIDYAPEETH DEEMED UNIVERSITY

NEW LAW COLLEGE

Erandwane, Paud Road, Pune -411038

Maharashtra, India

Co-Ordinators

Adv. Dev Chopra: +91 9822910733

chopra1717@gmail.com

Prof. Aman Mishra: +91 9637109415

amanmishra579@gmail.com

Mr. Ranit Basu: +91 9004463407

(Student Co-ordinator)

ranit.basu@gmail.com

REGISTRATION PROCEDURE

Institution/College/ University Information

Name of the Institution/college/University	
Name of the Vice Chancellor/ Dean/ Principal	Name: Contact Number:
Name of the Faculty In Charge of the Moot Court Competitions/ Faculty IN Charge of sending a team from the College	Name: Contact Number:
Address 1	
Address 2	
Postal Code	
City	
Country	
Phone (include country and area code)	

SEAL OF THE INSTITUTION

SIGNATURE OF THE VICE CHANCELLOR/ DEAN / PRINCIPAL

***NOTE:**

This Page must bear the institution's SEAL & SIGNATURE of the Vice Chancellor/ Dean/ Principal respectively. This information is **Mandatory** and any registration form without these details, Seal & Signature will not be accepted and the participation of the team shall be liable to be disqualified.

TEAM REGISTRATION FORM

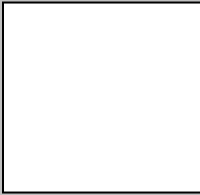
Participant Information:

The number of participants in a team shall be three. Information required hereinafter is **mandatory**, to be filled in the registration form. Two passport size photographs of each team member should be sent along with this Application Form.

A1. Team Member 1 - The Official Team Contact Person

Full Name	<div style="border: 1px solid black; width: 100px; height: 80px; margin-left: auto; margin-right: auto;"></div>
Date of Birth (DD/MM/YY)	
Sex	
Course	
Nationality	
Address	
Postal code	
City	
Country	
Phone (include country and area code)	
E-mail ID	
Specify: Speaker () / Researcher ()	
Signature:	

A2. Team Member 2

Full Name	
Date of Birth (DD/MM/YY)	
Sex	
Course	
Nationality	
Address	
Postal code	
City	
Country	
Phone (include country and area code)	
E-mail ID	
Specify: Speaker () / Researcher ()	
Signature:	

A3. Team Member 3

Full Name	<input type="text"/>
	<input type="text"/>
Date of Birth (DD/MM/YY)	<input type="text"/>
	<input type="text"/>
Sex	<input type="text"/>
	<input type="text"/>
Course	<input type="text"/>
	<input type="text"/>
Nationality	<input type="text"/>
	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postal code	<input type="text"/>
	<input type="text"/>
City	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>
	<input type="text"/>
Phone (include country and area code)	<input type="text"/>
	<input type="text"/>
E-mail ID	<input type="text"/>
	<input type="text"/>
Specify: Speaker () / Researcher ()	
Signature:	

TRAVEL PLAN

NAME OF THE INSTITUTION/COLLEGE/UNIVERSITY

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NAME OF PARTICIPANT:	MODE OF ARRIVAL AND NAME OF AIRLINE/TRAIN/ROAD TRANSPORT :	DETAILS (DATE, TIME) :	MODE OF DEPARTURE AND NAME OF AIRLINE/TRAIN/ROAD TRANSPORT :	DETAILS (DATE, TIME):