

4TH NATIONAL CLIENT COUNSELLING COMPETITION, 2015
(20th-22nd November, 2015)

REGISTRATION FORM

(Fill in Block Letters)

INSTITUTION DETAILS:

Name:

Address: _____

State: _____

Email: _____

Contact Number: _____

PARTICIPANTS DETAIL:

Name of Counsel I:

☐ Phone No./ _____

☐ E-mail _____

☐ Year/Gender: _____

Name of Counsel II: _____

☐ Phone No. _____

☐ E-mail: _____

☐ Year/Gender: _____

Affix your Passport
size photograph

Affix your Passport
size photograph

ACCOMODATION: Yes ☐

No ☐

(Only for out stationed students)

Number of Male Members: _____ Number of Female Members: _____

Faculty in-charge

Head of Institution

(Signature with Institution Seal)

(Signature with Institution Seal)

DECLARATION:

We the undersigned declare that the institution and its team members will abide by all the rules of the competition set out as official 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.

COUNSEL I: _____

COUNSEL II: _____

FACULTY INCHARGE: _____