

**“6th JUSTICE P N BHAGWATI INTERNATIONAL MOOT COURT
COMPETITION ON HUMAN RIGHTS”**

TEAM REGISTRATION FORM

Name of Institute _____

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. There is no registration fee for participation.

The Registration shall be addressed to the following:

To

BHARATI VIDYAPEETH DEEMED UNIVERSITY

NEW LAW COLLEGE

Erandwane, Paud Road, Pune -411038

Maharashtra, India

Co-Ordinators

Adv. Dev Chopra: +91 9822910733

chopra1717@gmail.com

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Amanmishra579@gmail.com

Mr. Shivam Utkarsh Sahay: +91 7385214929/7762845672

(Student Co-ordinator)

shivamutk@hotmail.com

REGISTRATION PROCEDURE

Institution/College/ University Information


Name of the Institution/college/University	
Address 1	
Address 2	
Postal Code	
City	
Country	
Phone (include country and area code)	
Faculty Incharge (Name/ Number)	

TEAM REGISTRATION FORM

Participant Information:

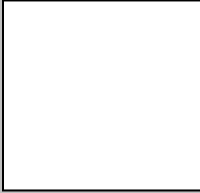
The number of participants in a team shall be three. Information required hereinafter is **mandatory**, to be filled in the registration form. Two passport size photographs of each team member should be sent along with this Application Form.

A1. Team Member 1 - The Official Team Contact Person

Full Name	
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:	

6th Justice P.N. Bhagwati International Moot Court Competition on Human Rights 2016

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:	

6th Justice P.N. Bhagwati International Moot Court Competition on Human Rights 2016

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):