



1st KIIT University National Conference on Law and Technology

Registration Form

(FILL IN CAPITAL LETTERS)

Name of the Participant: Ms./Mr. _____

Postal Address: _____

Name of the Representing Institution: _____

Professional Position/Student: _____

Email: _____ Contact No.: _____

Payment Details:

Amount (in words): _____

DD no.: _____ Date: _____

Drawn on: _____

Signature and Date:



**Stamp/Seal of Institution
Head/ Head of Department**