



**DR.DY PATIL COLLEGE OF LAW,NERUL,NAVIMUMBAI**

***REGISTRATION FORM***

NAME AND ADDRESS,CONTACT NO AND EMAIL ID OF THE INSTITUTION:-----

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SPEAKER 1 Name :-----

Contact No and Email id:-----

Course :-----

PHOTO

Speaker 2 Name : -----

Contact No and email id:-----

Course:-----

PHOTO

Researcher Name: -----

Contact No and email id:-----

Course: -----

PHOTO

DETAILS OF DEMAND DRAFT
AMOUNT:
DD NO:
DATE:
FAVOUR OF:
PAYABLE AT:
BANK NAME:
BRANCH:

**DECLARATION**

The afore named students are the bonafide students of our institution and have consent from the institution and their parents to participate in the competition

NAME OF THE HEAD OF THE INSTITUTION:-----

SIGNATURE:-----

SEAL OF THE INSTITUTION