

“JUSTICE P N BHAGWATI INTERNATIONAL MOOT COURT COMPETITION ON HUMAN RIGHTS-II”

TEAM REGISTRATION FORM

REGISTRATION PROCEDURE

(1) 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.

The Registration shall be addressed to the following:

To

BHARATI VIDYAPEETH DEEMED UNIVERSITY

NEW LAW COLLEGE

Erandwane, Pune -411038

Maharashtra, India

Co-Ordinators

Adv. Dev Chopra: +91 9822910733

devchopra1717@gmail.com

Prof. Aman Mishra: +91 9637109415

amanmishra1983@yahoo.co.in

Mr. Rahul Dev: +91 9860788536

(Student Co-ordinator)

devrahul@gmail.com

(2) Upon receipt of the Team Registration Form and the Team Registration Fees, the Registered team shall be assigned a „Team Code“ which will be sent to the teams Official Team Contact Person.

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)	

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:	

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	
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:	

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):

