

**“8th 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

Prof. Aman Mishra: +91 9637109415

(Faculty Co-ordinator)

amanmishra579@gmail.com

Mr. Priyajeet Pandey: +91 7887315510

(Student Co-ordinator)

priyajeet13@gmail.com

REGISTRATION FORM

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 In-charge (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	<div style="border: 1px solid black; width: 100px; height: 80px; margin-left: auto; margin-right: auto;"></div>
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	<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:		

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):