## "9<sup>th</sup> 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 TO BE UNIVERSITY NEW LAW COLLEGE Erandwane, Paud Road, Pune -411038 Maharashtra, India

> Faculty Convenor Prof. Aman Mishra +91-9637109415 amanmishra579@gmail.com

Students In-Charge Mr. Swapnil Somanjai Sharma Student Co-Ordinator +91-8600208609/+91-8788119279 swapnilsomanjai491@gmail.com

Mr. Yaman K. Saini Student Co-Ordinator (Teams Correspondence) +91-9665038330 yamanksaini@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	
Date of Birth (DD/MM/YY)	
Sex	
Course	
Course	
Nationality	
Address	
Postal code	
City	
City	
Country	
Phone (include country	
and area code)	
E-mail ID	

A2. Team Member 2

Full Name	
i un ruano	
Date of Birth (DD/MM/YY)	
Sex	
Course	
Nationality	
Nationality	
Address	
Address	
Postal code	
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City	
City	
Country	
Country	
Phone (include country	
rione (include country	
and area code)	
E-mail ID	

Full Name	
Date of Birth (DD/MM/YY)	
Sex	
JEX	
Course	
oburse	
Nationality	
Nationality	
Address	
Address	
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1 00101 0000	
City	
Country	
Phone (include country	
and area code)	
E-mail ID	

The 3

# TRAVEL PLAN

#### NAME OF THE INSTITUTION/COLLEGE/UNIVERSITY

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NAME OF PARTICIPANT:	MODE OF ARRIVAL AND NAME OF AIRLINE/TRAIN/R OAD TRANSPORT :	DETAILS (DATE, TIME) :	MODE OF DEPARTURE AND NAME OF AIRLINE/TRAIN/R OAD TRANSPORT ::	DETAILS (DATE, TIME):