

6<sup>th</sup> K.R.RAMAMANI MEMORIAL TAXATION MOOT COURT COMPETITION



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**REGISTRATION FORM**

**(Please Fill in Capital Letters)**

**NAME OF THE INSTITUTION:**

**ADDRESS OF THE INSTITUTION:**

**PARTICIPANTS:**

**NAME OF THE SPEAKER 1:**

**YEAR AND COURSE OF STUDY:**

**CONTACT NO.:**

**NAME OF THE SPEAKER 2:**

**YEAR AND COURSE OF STUDY:**

**CONTACT NO.:**

**NAME OF THE RESEARCHER:**

**YEAR AND COURSE OF STUDY:**

**CONTACT NO.:**

**K.R. Ramamani**  
**Memorial Taxation**  
**Moot Court Competition**

**Travel Details**

(Please Fill in Capital Letters)

**Details of Arrival**

Mode of Transport:

(Air/Rail/Road)

Flight/Train/Bus Name and no. :

Date and Time of Arrival at Chennai:

**Details of Departure:**

Mode of Transport:

(Air/Rail/Road)

Flight/Train/Bus Name and no. :

Date and Time of Departure at Chennai:

Any other details regarding the travel:

*(Please ensure that the travel details are sent to the organizers along with the registration form .  
In case of any change in the travel details, kindly notify us through email immediately.)*

PLACE:

DATE:

**Memorial Taxation**  
**Moot Court Competition**  
Seal and Signature of the Head of the Institution