

7th K.R.RAMAMANI MEMORIAL TAXATION MOOT COURT COMPETITION 2016-17

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

7th K.R.RAMAMANI MEMORIAL TAXATION MOOT COURT COMPETITION

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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