



SCHOOL OF LAW

REGISTRATION FORM

Institution Details

Name of College / University: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Contact Information

Name Of College / University Contact Person: _____

Position: _____ Email address: _____

Tele phone Number: _____ Fax: _____



Team Details

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Name of Speaker 1: _____

Email Address: _____ Phone No: _____

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Name Of Speaker 2: _____

Email Address: _____ Phone No: _____

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Name Of Researcher: _____

Email Address: _____ Phone No: _____



College/University (Please indicate)

Name of College / University: _____

Signature of Faculty-in Charge/ Head of Institution: _____

Name: _____

Position: _____ Contact Details: _____

Do you want accommodation? : _____

REMARKS (if any):-

College/University Seal:



Details of Registration Fees:

Demand Draft No.: _____ Draft Dated: _____

Name of the Bank: _____

Branch: _____

Demand Draft should be drawn in favour of “SVKM’s NMIMS” payable at **Mumbai**. Please mention name of the participants and the Institution on the reverse of the original DD.

Note: The scanned copy of the Demand Draft and the hard copy of the same has to be sent along with the Registration form in accordance with Rule 3.

The deadline for the payment of the registration fee is 14th January 2017.

