



5th Dr. PARAS DIWAN MEMORIAL INTERNATIONAL 'ENERGY LAW' MOOT COURT COMPETITION, 2015

REGISTRATION FORM

(Fill in Block Letters)

INSTITUTION DETAILS:

Name: _____

Address: _____

State _____, Country _____

Email: _____

Phone No.: _____ Country Code: _____

Faculty –In- Charge: _____ Designation: _____

PARTICIPANTS DETAILS:

Speaker 1:

Name: _____ Course: _____

Email Id: _____ Phone No. _____

Speaker 2:

Name: _____ Course: _____

Email Id: _____ Phone No. _____

Researcher:

Name: _____ Course: _____

Email Id: _____ Phone No. _____

Speaker 1

Affix a
passport
size Photo

Speaker 2

Affix a
Passport
size Photo

Researcher

Affix a
Passport
size Photo

ACCOMODATION: Yes No

Number of Male Members: _____ **Number of Female Members:** _____

DEMAND DRAFT DETAILS: (For Indian Participants Only)

(DEMAND DRAFT in favour of 'University of Petroleum and Energy Studies, payable at Dehradun (U.K))

BANK: _____

BRANCH: _____ **DEMAND DRAFT NO:** _____

DATE: _____

DECLARATION:

We the undersigned declare that the institution and its team members will abide by all the rules of the competition set out as official and as notified to us from time to time throughout the period of the competition.

We also declare and confirm that all the information provided in the registration form is true and accurate.

SPEAKER 1: _____ **SPEAKER 2:** _____

RESEARCHER: _____

FACULTY ADVISOR: _____

(SIGNATURE WITH INSTITUTION SEAL)

HEAD OF THE INSTITUTION/DEAN OF SCHOOL: _____

(SIGNATURE WITH INSTITUTION SEAL)

NOTE: (Scanned copy of the form to be mailed to us by 10th February, 2015 and the Hard copy along with the D.D (for Indian Participants Only) should reach us by 23th March, 2015 (Subject to Memorial Selection).

Annexure 1
(For International Participants)

Passport Details:

Speaker 1:

Speaker 2:

Speaker 3:

We the undersigned do hereby declare that the above mentioned information has been verified by us and are true to my knowledge. We do declare that the above mentioned document have been seen by us and are completely up-to-date and authentic.

FACULTY ADVISOR: _____

(SIGNATURE WITH INSTITUTION SEAL)

HEAD OF THE INSTITUTION/DEAN OF SCHOOL: _____

(SIGNATURE WITH INSTITUTION SEAL)

Annexure II

TRAVEL FORM.

I. NAME & ADDRESS OF THE INSTITUTION:

II.

ARRIVAL DETAILS:

1. MODE OF ARRIVAL: _____

2. NAME & NUMBER OF BUS/FLIGHT/TRAIN: _____

3. DATE: _____

4. TIME OF

ARRIVAL: _____

III. DEPARTURE DETAILS:

1. MODE OF DEPARTURE: _____

2. NAME & NUMBER OF BUS/FLIGHT/TRAIN: _____

3. DATE: _____

4. TIME OF

DEPARTURE: _____

IV. OTHER DETAILS, IF ANY:
