

5th K.R.RAMAMANI MEMORIAL TAXATION MOOT COURT COMPETITION



5th K.R.RAMAMANI MEMORIAL TAXATION MOOT COURT COMPETITION 2014-15

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

5th 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:

Seal and Signature of the Head of the Institution

**Memorial Taxation
Moot Court Competition**