

REGISTRATION FORM

Institution Details Name of the College / University:

Address:

City:

State:

Zip Code:

Contact Information

Name of the Faculty In charge:

Email address:

Telephone Number:

Team Details

Name of Speaker 1:

Semester / Year / Course:

Email Address:

Phone No:

Gender:

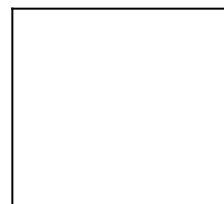
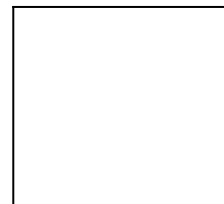
Name of Speaker 2:

Semester / Year / Course:

Email Address:

Phone No:

Gender:



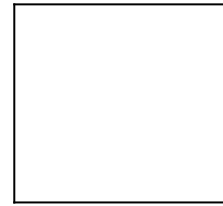
Name of the Researcher:

Semester / Year / Course:

Email Address:

Phone No:

Gender:



Seal and Signature of the Head of the Institution:

Bishop Cotton Women's Christian Law College, Bengaluru

TRAVEL PLAN

(Applicable to outstation teams only)

1. Name of Institution:

2. Arrival Details

- a) Mode of Arrival: Train/ Air/ Bus
- b) Train no./ Flight no./ Bus no
- c) Date & Estimated Time of Arrival

3. Departure Details

- a) Mode of Departure: Train/ Air/ Bus
- b) Train no./ Flight no./ Bus no
- c) Date & Estimated Time of Departure

4. Any other Details

Bishop Cotton Women's Christian Law College, Bengaluru