

**4<sup>th</sup> K.R.RAMAMANI MEMORIAL TAXATION MOOT COURT COMPETITION**



**4<sup>th</sup> K.R.RAMAMANI MEMORIAL TAXATION MOOT COURT COMPETITION 2013-14**

**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.:**

**Memorial Taxation**

**Moot Court Competition**

**4<sup>th</sup> K.R.RAMAMANI MEMORIAL TAXATION MOOT COURT COMPETITION**

**4<sup>th</sup> V.S.SUNDARAM MEMORIAL RESEARCH PAPER COMPETITION**

**NAME OF PARTICIPANT**

**YEAR AND COURSE OF STUDY:**

**CONTACT NO.:**

**E-MAIL (FOR CONTACT PURPOSES):**

**NOTE: THIS EMAIL SHALL BE THE OFFICIAL EMAIL ID AND SHALL BE USED BY US TO CONTACT YOUR INSTITUTION FOR ALL OFFICIAL COMMUNICATION REGARDING THE MOOT COURT COMPETITION AND RESEARCH PAPER COMPETITION.**

**Bona Fide Certificate**

This is to certify that the aforementioned candidates are students of this institution who would participate in the moot competition conducted by your college and that their participation complies with the Guidelines of the competition.

**K.R.Ramamani**

**DATE:**

**PLACE:**

**Memorial Taxation  
Moot Court Competition**

Signature and Seal of Head of Institution

**4<sup>th</sup> 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:

**Memorial Taxation**  
Seal and Signature of the Head of the Institution  
**Moot Court Competition**