



ALL INDIA SIR SYED MEMORIAL DEBATE 2016  
University Debating & Literary Club  
ALIGARH MUSLIM UNIVERSITY

**Registration Form**

Name of University/Institute/College: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Team In-charge: \_\_\_\_\_

Name & Contact No : \_\_\_\_\_

**Details of Participants:**

<b>Languages:</b>	<b>For</b>	<b>Against</b>
<b>English:</b>	Name: _____ Contact no: _____ Email Id: _____	Name: _____ Contact no: _____ Email Id: _____
<b>Hindi:</b>	Name: _____ Contact no: _____ Email Id: _____	Name: _____ Contact no: _____ Email Id: _____
<b>Urdu:</b>	Name: _____ Contact no: _____ Email Id: _____	Name: _____ Contact no: _____ Email Id: _____

**Authorised Signatory with Name and Seal**

**Note:**

- I. Kindly Scan and Send the Registration Form along with Scanned Students' ID Card and Permission Letter from concerned authority of your University/Institute/College.
- II. The Registration Form shall be filled carefully avoiding any spelling mistakes.
- III. The Registration Form shall be mailed to us at [aissmdudlc@gmail.com](mailto:aissmdudlc@gmail.com) on or before 28<sup>th</sup> February, 2016.
- IV. For queries Contact: +918755941129