



BHARATI VIDYAPEETH DEEMED TO BE UNIVERSITY

NEW LAW COLLEGE, PUNE

RE-ACCREDITED WITH 'A+' GRADE BY NAAC
'CATEGORY-I' STATUS BY UGC
RANKED 62ND BY NIRF

“10TH Justice P. N. Bhagwati International Moot Court Competition on Human Rights”

TEAM REGISTRATION FORM

Name of Institute _____

REGISTRATION PROCEDURE

Please fill out all the sections of the Registration Form for participation. The Team Registration Form Should reach via email and post to the Organizing Committee no later than as mentioned in the official schedule. **There is REGISTRATION FEE only for National participation.**

The Registration shall be addressed to the following:

To
BHARATI VIDYAPEETH DEEMED TO BE UNIVERSITY
NEW LAW COLLEGE
Erandwane, Paud Road, Pune -411038
Maharashtra, India

Faculty Convenor

Dr. Aman Mishra
+91-9637109415
amanmishra579@gmail.com

Students In-Charge

Mr. Yaman K. Saini
Student Co-Ordinator
+91-9815756757/+91-9665038330
yamanksaini@gmail.com

Mr. Swapnil Somanjai Sharma
Student Co-Ordinator
+91-8600208609/+91-8788119279
swapnilsomanjai491@gmail.com

REGISTRATION FORM

Institution/College/ University Information

Name of the Institution/college/University	
Address 1	
Address 2	
Postal Code	
City	
Country	
Phone (include country and area code)	
Faculty In-charge (Name/ Number)	

TEAM REGISTRATION FORM

Participant Information:

The number of participants in a team shall be three. Information required hereinafter is **mandatory**, to be filled in the registration form. Two passport size photographs of each team member should be sent along with this Application Form.

A1. Team Member 1 - The Official Team Contact Person

Full Name	
Date of Birth (DD/MM/YY)	
Sex	
Course	
Nationality	
Address	
Postal code	
City	
Country	
Phone (include country and area code)	
E-mail ID	

A2. Team Member 2

Full Name	
Date of Birth (DD/MM/YY)	
Sex	
Course	
Nationality	
Address	
Postal code	
City	
Country	
Phone (include country and area code)	
E-mail ID	

A3. Team Member 3

Full Name	
Date of Birth (DD/MM/YY)	
Sex	
Course	
Nationality	
Address	
Postal code	
City	
Country	
Phone (include country and area code)	
E-mail ID	

TRAVEL PLAN

NAME OF THE INSTITUTION/COLLEGE/UNIVERSITY

.....

.....

.....

NAME OF PARTICIPANTS	MODE OF ARRIVAL AND NAME OF AIRLINE/ TRAIN /ROAD TRANSPORT	DETAILS (DATE, TIME):	MODE OF DEPARTURE AND NAME OF AIRLINE/ TRAIN /ROAD TRANSPORT	DETAILS (DATE, TIME):

PASSPORT DETAILS

NAME OF THE INSTITUTION/COLLEGE/UNIVERSITY

.....

.....

SR NO.	NAME OF PARTICIPANT	PASSPORT NO.	ISSUE DATE	EXPIRY DATE
1.				
2.				
3.				