

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

**8<sup>th</sup> K.R.RAMAMANI MEMORIAL TAXATION MOOT COURT COMPETITION 2017-18**

**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**



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COMPETITION**

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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  
Moot Court Competition**

Seal and Signature of the Head of the Institution