JURIS OPEN 2017 REGISTRATION FORM

| Name and Address of the Insti | tution | | | |
|---|---|--|--|--|
| | | | | |
| | | | | |
| Contact Number: | | | | |
| Email ID: | | | | |
| Payment Details | | | | |
| Fees Paid | | | | |
| Demand Draft Number | | | | |
| Dated | | | | |
| Name of the Bank | | | | |
| Please send the Application fo | rm along with Demand Draft to the following address: | | | |
| The Principal, G.R. Kare College of Law Shree Damodar Educational Campus Tansor, Comba, Margao- Goa 403 601. | | | | |
| Email the scanned copy of the by 5 th January 2017. | form along with the demand draft jurisopen.grkcl@vvm.edu.in | | | |

| Participants | Name | Gender | Mobile No. | Signature | Photograph |
|----------------------|------|--------|------------|-----------|------------|
| Participant No. 1 | | | | | |
| Participant No. 2 | | | | | |
| Participant No. 3 | | | | | |
| Participant No. 4 | | | | | |

Disclaimer

We hereby declare that the institution and its team members will abide by all the rules of the competition set by the organizers and as notified to us from time to time throughout the period of the competition. We also declare and confirm that all the information provided by the organizers in the registration form is true and accurate to the best of our knowledge. In case of non-compliance or violation of any rules or regulations on our part, the Organizing Committee shall reserve the right to cancel our registration/candidature.

Participant 1 (Name and Signature) Participant 2 (Name and Signature)

Participant 3 (Name and Signature) Participant 4 (Name and Signature)

Faculty In-Charge (Name and Signature)

Head of the Institution (Name and Signature)

(Seal of the Institution)

| TRAVEL PLAN | | | | |
|--|--|--|--|--|
| ARRIVAL DETAILS | | | | |
| MODE OF TRAVEL (RAILWAY/AIRWAY/BUS): | | | | |
| TRAIN NO./FLIGHT NO./ BUS NO. : | | | | |
| DATE & ESTIMATED TIME OF ARRIVAL: | | | | |
| | | | | |
| DEPARTURE DETAILS | | | | |
| MODE OF TRAVEL (RAILWAY/AIRWAY/BUS): | | | | |
| TRAIN NO./FLIGHT NO./ BUS NO. : | | | | |
| DATE & ESTIMATED TIME OF TRAVEL: | | | | |
| ANY OTHER DETAILS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PLEASE NOTE THAT TRAVEL DETAILS SHOULD BE COMPULSORILY SUBMITTED FAILING WHICH ACCOMODATION SHALL NOT BE PROVIDED TO THE PARTICIPATING TEAM. | | | | |