**REGISTRATION FORM**

**Symbiosis International University**

**Symbiosis Law School, Pune**

**Care | Courage | Competence**

**Fourth Annual National Conference**

on

**“Contemporary Legal Scholarship”**

**19th September 2015**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  |  | |
|  | First Name | Middle Name | Surname |

|  |  |  |  |
| --- | --- | --- | --- |
| Nationality: |  | DOB | DD/MM/Year |
| City : |  |  |

|  |  |
| --- | --- |
| Organization: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Details: | Complete Mailing Address: | | | |  | | | |  |
|  |  |  | | | | | | |  |
|  |  |  | | | | | | |  |
|  | Fax: | |  | | |  | Phone/Mobile: |  |  |
|  | E-mail: | | |  | | | | |  |
|  |  | | | | | | | | |
| Payment Details | DD No Dated | | | | | | | | |
|  | Name of Bank | | | | | | | | |

\* Demand Draft should be in Favor of, “Director, Symbiosis Law School, Pune payable at Pune . \*\* Write your name and contact no on reverse side of DD

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Registration Fee  (Please tick): | Registration Category: | | | | Amount Payable | |
|  | A | Participants Category | | |  | |
|  |  | A.1 | Students [ ] | | 200 |  |
|  |  | A.2 | PhD Research Scholars [ ] | | 500 |  |
|  |  | A.3 | Others [ ] | | 1000 |  |
|  | Registration Fee( Total) | | |  |  | |
|  | Other Remarks:- | | | |  | |

\* Registration fee includes: Conference Kit, lunch, tea/coffee,

|  |  |
| --- | --- |
| Date: | Conference Participant’s Signature |
| **Please fill and send form to:**  **Director, Symbiosis Law School, Pune**  **Survey No. 227,Plot No. 11, Symbiosis Campus,**  **Opposite Pune International Airport, VIP Road,**  **Pune - 411 014 (India)**  **Email –** slspnc2015@symlaw.ac.in | |