

REGISTRATION FORM

Symbiosis International University

Symbiosis Law School, Pune

Care | Courage | Competence

Third Annual National Conference

on

“Contemporary Legal Scholarship”

On 8th November 2014

Name:

--	--	--

First Name

Middle Name

Surname

Nationality:

DOB

DD/MM/Year

City :

Organization:

--

Contact Details:

Complete Mailing Address: _____ _____ _____ _____
Work Phone: _____ Home Phone: _____
Fax: _____ Mobile: _____
E-mail: _____ _____

Payment Details

DD No	Dated
Name of Bank	

* Demand Draft should be in Favor of, “Director Symbiosis Law School, 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 <input type="checkbox"/>	200
A.2	PhD Research Scholars <input type="checkbox"/>	500
A.3	Others <input type="checkbox"/>	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 – slspnc2014@symlaw.ac.in