



TAMIL NADU NATIONAL LAW UNIVERSITY
1st NATIONAL MED-ARB COMPETITION

(8th - 10th MARCH, 2019)

Annexure 1

REGISTRATION FORM
(TO BE FILLED IN BLOCK LETTERS)

INSTITUTION DETAILS	
Name of the College/University	
Address	
Contact No.	
E-Mail	
Contact Person	
Designation	
Contact No.	
E-Mail	

REGISTRATION FEE PAYMENT DETAILS

DEMAND DRAFT DETAILS	
DD No.	
Drawn On Bank	
Date	

(Kindly mention the name of the participants and the institution on the reverse side of the original demand draft)

ONLINE PAYMENT DETAILS	
Ref No./UTS No.	



TAMIL NADU NATIONAL LAW UNIVERSITY
1st NATIONAL MED-ARB COMPETITION

(8th - 10th MARCH, 2019)

Bank	
Date	

(Participants making payment online (NEFT/RTGS), kindly mention in the remarks of payment “Registration Fee for 1st TNNLU National Med-Arb Competition, 2019”)

PARTICIPANTS' DETAILS

Arbitrator/ Mediator

NAME :
YEAR :
GENDER :
CONTACT NO. :
MAIL ID :

Affix Recent Passport
size photo

Client /Counsel-1

NAME :
YEAR :
GENDER :
CONTACT NO. :
MAIL ID :

Affix Recent Passport
size photo



TAMIL NADU NATIONAL LAW UNIVERSITY
1ST NATIONAL MED-ARB COMPETITION

(8th - 10th MARCH, 2019)

Client /Counsel-2

NAME :

YEAR :

GENDER :

CONTACT NO. :

MAIL ID :

Affix Recent
Passport size photo



TAMIL NADU NATIONAL LAW UNIVERSITY

1st NATIONAL MED-ARB COMPETITION

(8th - 10th MARCH, 2019)

TRAVEL FORM

Name of the Participating Institution			
Name of the Participants	1)		
	2)		
	3)		
Date of Arrival			
Mode of Arrival	Railways	Airways	Roadways
Train/Flight/Bus details			
Time and Place of Arrival			
Date of Departure			
Mode of Departure	Railways	Airways	Roadways
Train/Flight/Bus details			
Time and Place of Departure			

(In case the participants are arriving or departing separately, they are required to submit individual travel forms. In case of any change in your travel plans, please inform the organizing Committee via phone or email.)

Note: Participants have to submit this Google Form- [click here](#) individually in addition to the Registration form.



TAMIL NADU NATIONAL LAW UNIVERSITY
1st NATIONAL MED-ARB COMPETITION

(8th - 10th MARCH, 2019)

DECLARATION FORM

1. We declare and confirm that the entire information provided in the registration form is true.
2. We declare that the institution and its team members participating in the competition will abide by all the rules and regulations as notified by the organizing committee throughout the period of competition.

(Signature - Participant I)

(Signature - Participant II)

(Signature - Participant III)

Signature and Seal of the
Head of the Institution