



ST. JOSEPH'S COLLEGE OF LAW

(Affiliated to KSLU University)

Residency Road, Bengaluru - 560025

REGISTRATION FORM

Name of the Institution: _____

Address of the Institution: _____

Institution Email: _____

Contact Number of the Institution: _____

NEFT/UPI/Online: Transaction ID _____ Date _____

1	Name of The Speaker 1		Photo attested by the student
	Class		
	Address		
	Contact No		
	Email ID		
	Signature of the Student		

2	Name of The Speaker 2		Photo attested by the student
	Class		
	Address		
	Contact No		
	Email ID		
	Signature of the Student		

3	Name of The Researcher		Photo attested by the student
	Class		
	Address		
	Contact No		
	Email ID		
	Signature of the Student		

- Please attach bonafide certificates of all the team members and the payment receipt along with the registration form

Signature and Seal of the Principal / Head of the Institution

TRAVEL PLAN

Name of the Institution: _____

Address of the Institution: _____

Institution Email: _____

Contact Number of the Institution: _____

SPEAKER 1	
Date & Time of arrival	
Mode	
Date & Time of departure	

SPEAKER 2	
Date & Time of arrival	
Mode	
Date & Time of departure	

RESEARCHER	
Date & Time of arrival	
Mode	
Date & Time of departure	