

## **CHARCHA- NATIONAL PARLIAMENTARY DEBATE, 2018**

## **ORGANIZED BY**

**JUS GENTIUM- LAW SOCIETY** 

**AURO UNIVERSITY** 



FEBRUARY 24-26, 2018.

## **REGISTRATION & PAYMENT GUIDELINES**

### **Registration Fee:**

Rs. 1500 per participant with accommodation

Rs. 1100 per participant without accommodation.

The accommodation will be provided for 2 nights and 3 days. Extra charges will apply for an extra day/night.

Payment has to be made within 10 days of registration, if not, the online registration would get cancelled.

Last date of registration is 5<sup>th</sup> February 2018.

### **Payment Guidelines**

Following are the details regarding the payment for registration and accommodation.

### **Demand Draft**

In Favor of- **Auro University**Payable at- **State Bank of India, Bhatha**IFC Code- SBIN0002636

CA: 31703674530

#### NOTE-

The hard copy of DD and Registration form is to be compulsorily submitted by the teams within 10 days of online registration.

## **Registration Guidelines**

**Step I**- Fill in the online registration form.

**Step II**- Send the hard copy of the DD along with the following forms, Annexures, within 10 days of online registration to the below mentioned university address. Please mention '**Jus Gentium- Charcha**' on the top of the courier.

Address- Auro University- Ichapur Road, opp. ONGC, next to Toyota,
Bhatpore, Limla,
Gujarat- 394510.

Contact us, in case of any query-

Email- jusgentium@aurouniversity.edu.in

Vidhi Thakkar- +91-8347966680

Rudra Raval- +91-9824376404

# REGISTRATION FORM (INSTITUTIONAL TEAM)

NAME OF THE INSTITUTE:	1	
E-mail id of Parliamentary Debate Committee.		DD Number:
SPEAKER 1:	) -	
Name:	/	_
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Speaker 3:	Γ	
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Adjudicator:		
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THE PARTICIPANTS ARE BONAFIDE STUDENTS OF THE COLLEGE.

(By sending this registration form, the participants agree to comply with the rules & Regulations of the competition)

Signature & Seal of the Head of the Institution

## **REGISTRATION FORM (INDEPENDENT ADJUDICATOR)**

NAME OF THE INSTITUTE:	
E-mail id of Parliamentary Debate Committee:	DD Number:
Adjudicator:	
Name:	_
Year, Course: Gender:	Self-Attested — Photograph
Email ID:	
Contact No.:	

THE PARTICIPANT IS BONAFIDE STUDENTS OF THE COLLEGE.

(By sending this registration form, the participant agree to comply with the rules & Regulations of the competition)

Signature & Seal of the Head of the Institution

# REGISTRATION FORM (CROSS TEAM)

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NAME OF THE IN	STITUTE:			
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SPEAKER 3:				
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Year, Course:		Gender:	Self-Attested	
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(BY SENDING THIS R		M, THE PARTICIPANTS A JLATIONS OF THE COM	AGREE TO COMPLY WITH THE PETITION)	
 Speaker 1	Speaker 2	Speaker 3	Adjudicator	