

**REGISTRATION FORM**

1. Name of The Institution:

2. Complete Address of the Institution:

3. Email ID & Contact Details of the Institution/coordinator:

4. Details of Payment:

Transaction Id	Amount	Date of Transfer	Name of Transferee Bank
	₹ 1,500		

5. Details of The Team Members:

Designation	Name	Contact No.	Email Id	Class	Photo
Petitioner					
Respondent					
Researcher					

Seal and Signature of the Head of The Institution