

MM-MODEL PARLIAMENT 2019



**Department of Law
Maharishi Markandeshwar
(Deemed to be University), Mullana (Ambala)
REGISTRATION FORM**

NAME OF THE INSTITUTION: _____

NAME OF PARTICIPANT: _____

FATHER'S NAME: _____

GENDER: _____

CONTACT NO: _____ WHATSAPP NO. _____

EMAIL ID: _____

PREFERRED CONSTITUENCIES: _____

HOSPITALITY REQUIRED: YES/NO

PAYMENT DETAILS: NEFT/RTGS

NAME OF THE BANK/BRANCH: _____

UTR No. _____

DATE OF TRANSACTION: _____

DECLARATION:

I, the undersigned, declare that I shall abide by all the rules of the conference set out as official and as notified to us from time to time throughout the period of the conference. I also declare and confirm that all the information provided in the registration form is true and accurate.

Note:

The Participant is required to submit the scanned copy of the REGISTRATION FORM complete in all respect along with screenshot of transaction on mmdu.model.parliament2019@gmail.com by **16th February, 2019** and the hard copy of the same must be submitted to the organizers at time of event.

Date:

Place:

Signature*

* Signature of the parent in case the candidate is minor.

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