



**ALL INDIA SIR SYED MEMORIAL DEBATE 2017
ALIGARH MUSLIM UNIVERSITY**

Registration Form

Name of University/Institute/College: _____

Address: _____

Name of Team In-charge: _____

Name & Contact No: _____

Details of Participants:

Languages:	For	Against
English:	Name: _____ Contact no: _____ Email Id: _____	Name: _____ Contact no: _____ Email Id: _____
Hindi:	Name: _____ Contact no: _____ Email Id: _____	Name: _____ Contact no: _____ Email Id: _____
Urdu:	Name: _____ Contact no: _____ Email Id: _____	Name: _____ Contact no: _____ Email Id: _____

Authorised Signatory with Name and Seal

Note:

1. Kindly Scan and Send the Registration Form along with Scanned Students' ID Card and Permission Letter from concerned authority of your University/Institute/College.
2. The Registration Form shall be filled carefully avoiding any spelling mistakes.
3. The Registration Form shall be mailed to us at aissmd2017@gmail.com on or before 13th April.
4. For queries Contact: +918755941129