

**Dr. A L Mudaliar Oratorical Contest 2019**

**CLRI, Adyar, Chennai – 600 020**

**REGISTRATION FORM**

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| --- | --- |
| **Name of the Student\*** | **:** |
| **Course of study** | **:** |
| **Age & Date of Birth** | **:** |
| **E-Mail** | **:** |
| **Contact Number** | **:** |
| **Signature of Student**  **Name & Address of College/**  **University/Institution** | **:**  **:** |

\*Please attach a stamp size photograph with the name written on backside

**Signature of the Head of Institution with seal**