

**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**