



Aequitas'24



PARLIAMENTARY DEBATE

REGISTRATION FORM

15TH -17TH FEBRUARY, 2024

❖ NAME OF INSTITUTION: _____

NAME OF TEAM: _____

❖ Name of Participant 1:

❖ Course/Year:

❖ E-mail:

❖ Contact No.

Photo

❖ Name of Participant 2:

❖ Course/ Year:

❖ E-mail:

❖ Contact No.

Photo

❖ Name of Participant 3:

❖ Course/Year:

❖ E-mail:

❖ Contact No.

Photo

Signature and Seal of HOD/Institution