







## **PARLIAMENTARY DEBATE**

## **REGISTRATION FORM**

<ul> <li>NAME OF INSTITUTION::</li> <li>NAME OF TEAM:</li> <li>Name of Participant 1:</li> <li>Course/Yean:</li> <li>E-mail:</li> <li>Contact No.</li> <li>Photo</li> <li>Photo</li> <li>Course/ Year:</li> <li>E-mail:</li> <li>Contact No.</li> </ul> Photo Photo Course/ Year: E-mail: Contact No. Photo	15 <sup>1h</sup> - 17 <sup>1h</sup> FEBRUARY,2024			
<ul> <li>Name of Participant 1:</li> <li>Course/Year:</li> <li>E-mail::</li> <li>Photo</li> <li>Name of Participant 2:</li> <li>Course/ Year:</li> <li>E-mail:</li> <li>Contact No.</li> </ul> Photo Photo	٠	NAME OF INSTITUTION::		
<ul> <li>Course/Year:</li> <li>E-mail:</li> <li>Name of Participant 2:</li> <li>Course/ Year:</li> <li>E-mail:</li> <li>Contact No.</li> </ul> Photo Photo		NAME OF TEAM:		
<ul> <li>Course/Year:</li> <li>E-mail:</li> <li>Name of Participant 2:</li> <li>Course/ Year:</li> <li>E-mail:</li> <li>Contact No.</li> </ul> Photo Photo				
<ul> <li>E-mail:     Contact No.</li> <li>Name of Participant 2:     Course/ Year:     E-mail:     Contact No.</li> </ul> Photo Photo	*	Name of Participant 1:		
<ul> <li>Contact No.</li> <li>Name of Participant 2:</li> <li>Course/ Year:</li> <li>E-mail:</li> <li>Contact No.</li> </ul> Photo Name of Participant 3:	٠	Course/Year:		
<ul> <li>Name of Participant 2:</li> <li>Course/ Year:</li> <li>E-mail:</li> <li>Contact No.</li> </ul> Photo Name of Participant 3:	٠	· E-mail:	Photo	
<ul> <li>Name of Participant 2:</li> <li>Course/ Year:</li> <li>E-mail:</li> <li>Contact No.</li> </ul> Photo Name of Participant 3:	٠	Contact No.		
<ul> <li>Name of Participant 2:</li> <li>Course/ Year:</li> <li>E-mail:</li> <li>Contact No.</li> </ul> Photo Name of Participant 3:	٠			
<ul> <li>Course/ Year:</li> <li>E-mail:</li> <li>Contact No.</li> </ul> Photo Name of Participant 3:				
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<ul> <li>Contact No.</li> <li>Name of Participant 3:</li> </ul>				
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❖ Course/Year:	*	Name of Participant 3:		
	*	Course/Year:		
❖ E-mail:	. *	E-mail:		
❖ Contact No.	*	Contact No.	Photo	
Signature and Seal of HOD/Institution		Signature and Seal of HOD/Institution		