

## Dr. A L Mudaliar Oratorical Contest 2015 CLRI, Adyar, Chennai – 600 020

## **REGISTRATION FORM**

Name of the Student\*

Course of study

Age & Date of Birth

E-Mail

Contact Number

Topic

Signature of Student

Name & Address of School

<sup>\*</sup>Please attach a stamp size photograph with the name written on backside