



## **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 :**

**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**