

3rd AURO National Moot Court Competition, 2017



TRAVEL FORM

(To be filled in Blocked Letters)



TEAM CODE: _____

ARRIVAL DETAILS

Date: _____ Time _____ am/pm

Mode of Travel: Train/Flight/Bus: _____

Bus/Train/Flight Name: _____

Bus/Train/Flight No. _____

DEPARTURE DETAILS

Date: _____ Time _____ am/pm

Mode of Travel: Train/Flight/Bus: _____

Bus/Train/Flight Name: _____

Bus/Train/Flight No. _____

Note : This Travel Form must be sent with "Hard Copies" of the Memorial.

Contact Person: _____

Contact Number: _____

Seal of the Institution

Sign of Head of the Institution