

Verification Form



Instructions:

1. Please fill the form in CAPITAL letters.
2. Declaration by Head of the Institution must be signed by the relevant person and with official seal.
3. Scanned copy of filled-in Verification Form, along with Declaration of Authorship, may be send with the Research paper, as email attachment. (Preferred)
4. Alternatively, hard copies of these forms may be sent through post/courier to **3rd National Level Research paper Contest 2016, C/O: CUTS Institute for Regulation & Competition, D 97, Ground Floor, Amar Colony, Lajpat Nagar, New Delhi 110024**. In case of hard copies, please put the name(s) of author(s) on the envelope. 5. In any case, filled-in forms and the entry must reach the organisers by 31st May 2016. Otherwise, the entry will be rejected.

I. INSTITUTIONDETAILS:

Name of University:

Name of College/ Institute:

Address of College/Institute: _____

City:

State:

Name of Dean/Head:

Contact Email:

Phone:

II. AUTHOR DETAILS#1

Name:

Date of Birth (mm-dd-yy):

Title of Degree:

Length of Degree Program (In years):

Your current year of study:

College Roll No./Student ID No.:

Mobile No.:

Email id.:

Contact Address:

City:

State:

III. AUTHORDetails#2(OPTIONAL)

Name:

Date of Birth (mm-dd-yy):

Title of Degree:

Length of Degree Program (In years):

Your current year of study:

College Roll No./Student ID No.:

Mobile No.:

Email id.:

Contact Address:

City:

State:

IV. DECLARATION BY THE AUTHOR(S)

I/We hereby certify that the above mentioned information is true and complete in all respects. I/we understand that my/our participation in this Competition shall be governed by the rules and regulations set by the Organizing Committee and/or CUTS Institute for Regulation & Competition (CIRC).

Signature of Author #1

Signature of Author #2 (if applicable)

NAME:

NAME:

V. VERIFICATION BY THE HEAD OF THE INSTITUTION

I _____ being the Principal/Dean/ _____ of _____
_____ (the 'Institution'), which is duly recognised under the laws of India, hereby inform the organisers of the CIRC National Level Research Paper Contest 2016 of my consent to the participation of the Institution's student(s) in the Competition and verify their studentship. I confirm that I have the requisite authority to sign this Participation Form on behalf of the Institution.

Signature:

Date:

Designation:

Place:

Stamp/Seal of the Institution: