

**Dr. A L Mudaliar Oratorical Contest 2016**

**CSIR-CLRI, Adyar, Chennai – 600 020**

**REGISTRATION FORM**

Affix/Insert  
signed stamp  
size photo here

**Name of the Student\* :**

**Course of study/class :**

**Age & Date of Birth :**

**E-Mail :**

**Contact Number :**

**Signature of Student :**

**Name & Address of School :**

**Signature of the Head of Institution with seal**

\*Original school ID card must be presented during the contest.

Filled registration form may be sent by post or scanned copy may be sent by email to  
alm2016clri@gmail.com