INSTITUTIONAL APPROVAL AND TEAM NOMINATION FORM

To be completed, signed and stamped by the Head of the Participating Institution

1 | DETAILS OF THE PARTICIPATING INSTITUTION

Name of Institution:		**Head of Institution:**	
University / Affiliated University:		**Official Email Address:**	
Full Postal Address:		**Contact Number:**	

2 | DETAILS OF THE NOMINATED TEAM

The institution hereby nominates the following two students to represent it as counsellors in the MABIJS National Client Counselling Competition, 2026.

PARTICULARS	COUNSELLOR 1	COUNSELLOR 2
Full Name		
Course and Year / Semester		
Roll / Registration Number		
Institutional Email		
Mobile Number		

Team Code (if allotted): _____

3 | FACULTY COORDINATOR / TEAM MENTOR

Name:		**Designation:**	
Department:		**Contact Number:**	
Official Email:			

4 | COMPETITION DETAILS

Competition: National Client Counselling Competition, 2026
Mode: Online
Competition Dates: 28 & 29 December 2026

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5 | INSTITUTIONAL APPROVAL AND DECLARATION

I, the undersigned, being the duly authorised Head of the institution identified in Part 1, hereby:

1. Approve and authorise the participation of the two students named in Part 2 as counsellors in the **MABIJS National Client Counselling Competition, 2026**, organised by Mohammad Abdul Bari Institute of Juridical Science.

2. Certify that the nominated participants are bona fide students of this institution and that the particulars furnished in this form are true and correct to the best of my knowledge.

3. Confirm that the institution has no objection to the nominated team's participation in the online competition scheduled for **28 & 29 December 2026**, subject to applicable institutional requirements.

4. Confirm that the nominated students have been informed of the competition rules, format, eligibility requirements and code of conduct.

5. Undertake to facilitate verification of the students' institutional status, if required by the organisers.

6. Acknowledge that the organisers may seek clarification or supporting documents from the institution in connection with this nomination.

I hereby grant institutional approval for the above-named two counsellors to participate in the competition.

6 | AUTHORISATION

Place:		**Date:**	
Signature of Head of Institution:			
Name:		**Designation:**	
Official Seal / Stamp of the Institution			

IMPORTANT SUBMISSION NOTES

- Complete all applicable fields legibly.
- The form must be signed by the Principal, Director, Dean or another duly authorised institutional authority.
- The institution's official seal or stamp must be affixed.
- Submit a signed and stamped PDF or scanned copy in accordance with the competition registration instructions.
- The organisers reserve the right to verify the information provided.