



2nd NATIONAL LEVEL MOOT COURT COMPETITION



DATE: 18th, 19th and 20th April 2017

REGISTRATION FORM

1. Name and Address of the participating institution: -

2. Name of the participant(s) and their Role

a) Oralist 1

Name-
Year and Course of Study-
Phone number and Email id-

Oralist 1

Affix your latest
Passport size
Photograph here &
Sign across

b) Oralist 2

Name-
Year and Course of Study-
Phone number and Email id-

Oralist 2

Affix your latest
Passport size
Photograph here &
Sign across

c) Researcher

Name-
Year and Course of Study-
Phone number and Email id-

Researcher

Affix your latest
Passport size
Photograph here &
Sign across

3. Faculty In-charge- _____

Designation- _____

Phone Number- _____

Email id- _____



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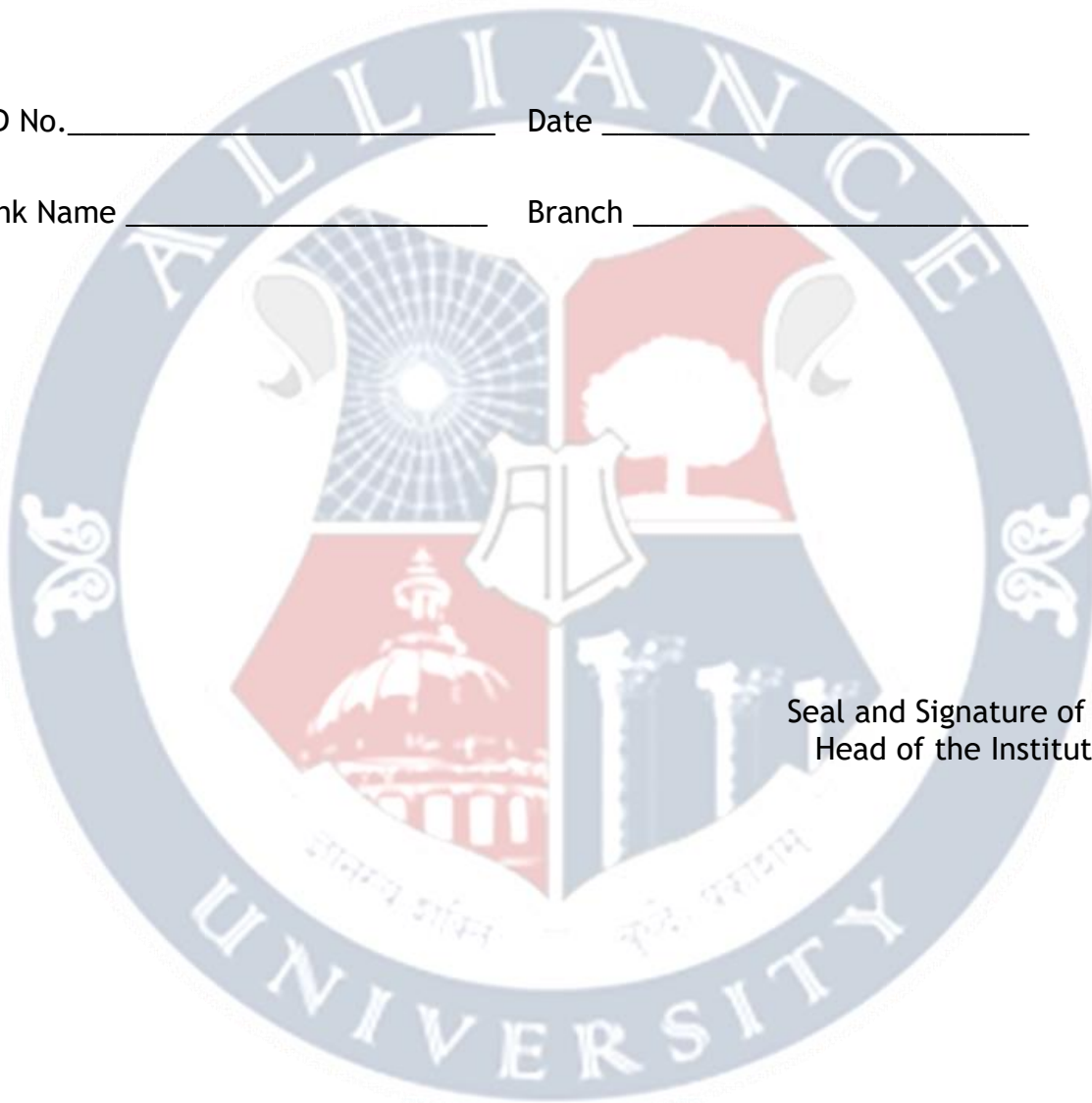


DATE: 18th, 19th and 20th April 2017

Particulars of Demand Draft

D.D No. _____ Date _____

Bank Name _____ Branch _____



Seal and Signature of the
Head of the Institution