



REGISTRATION FORM

Name of the College: _____

Email id of Moot Court Committee _____

Contact Number of Moot Court Committee _____

Speaker 1:

Name _____

Year, Course: _____ Gender: _____

Email Id: _____

Contact No: _____

Self-Attested
Photograph

Speaker 2:

Name _____

Year, Course: _____ Gender: _____

Email Id: _____

Contact No: _____

Self-Attested
Photograph

Researcher:

Name _____

Year, Course: _____ Gender: _____

Email Id: _____

Contact No: _____

Self-Attested
Photograph

PAYMENT DETAILS: _____

THE SPEAKER AND THE RESEARCHER ARE THE BONAFIDE STUDENTS OF THE COLLEGE. (BY SENDING THIS REGISTRATION FORM, THE PARTICIPANTS AGREE TO COMPLY WITH THE RULES OF THE COMPETITION)

Signature & Seal of the Head of the Institution