



1ST SMT. NIRMALA DEVI BAM MEMORIAL NATIONAL MOOT COURT COMPETITION

10TH, 11TH & 12TH MAY, 2019



REGISTRATION FORM (To be filled in Block Letters)

Name of the Institution: _____

Address: _____

SPEAKER 1

Name: _____

Year/Sem: _____

Phone No: _____

Email Id : _____

SPEAKER 2

Name: _____

Year/Sem: _____

Phone No: _____

Email Id : _____

RESEARCHER

Name: _____

Year/Sem: _____

Phone No: _____

Email Id : _____



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10TH, 11TH & 12TH MAY, 2019



APPROVAL FROM THE INSTITUTION/ UNIVERSITY

Name of the Institution: _____

Address of the Institution: _____

TEAM MEMBERS NAME

Name 1. _____

Name 2. _____

Name 3. _____

Name & Signature of The Head/ Principal/ Director: _____



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TEAM TRAVEL DETAILS FORM

Name of the Participants: _____

	Date	Mode of Travel	Time	Travel Detail
Arrival				
Departure				

Any Additional Information: _____
