



REGISTRATION FORM

Name of the College: _____

Email id 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

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