

6th ILNU INTERNATIONAL MOOT COURT

COMPETITION REGISTRATION FORM

A. Participants Name:

Information about the University/ College/ Faculty

Name of the University/ Institute/ College / Faculty:

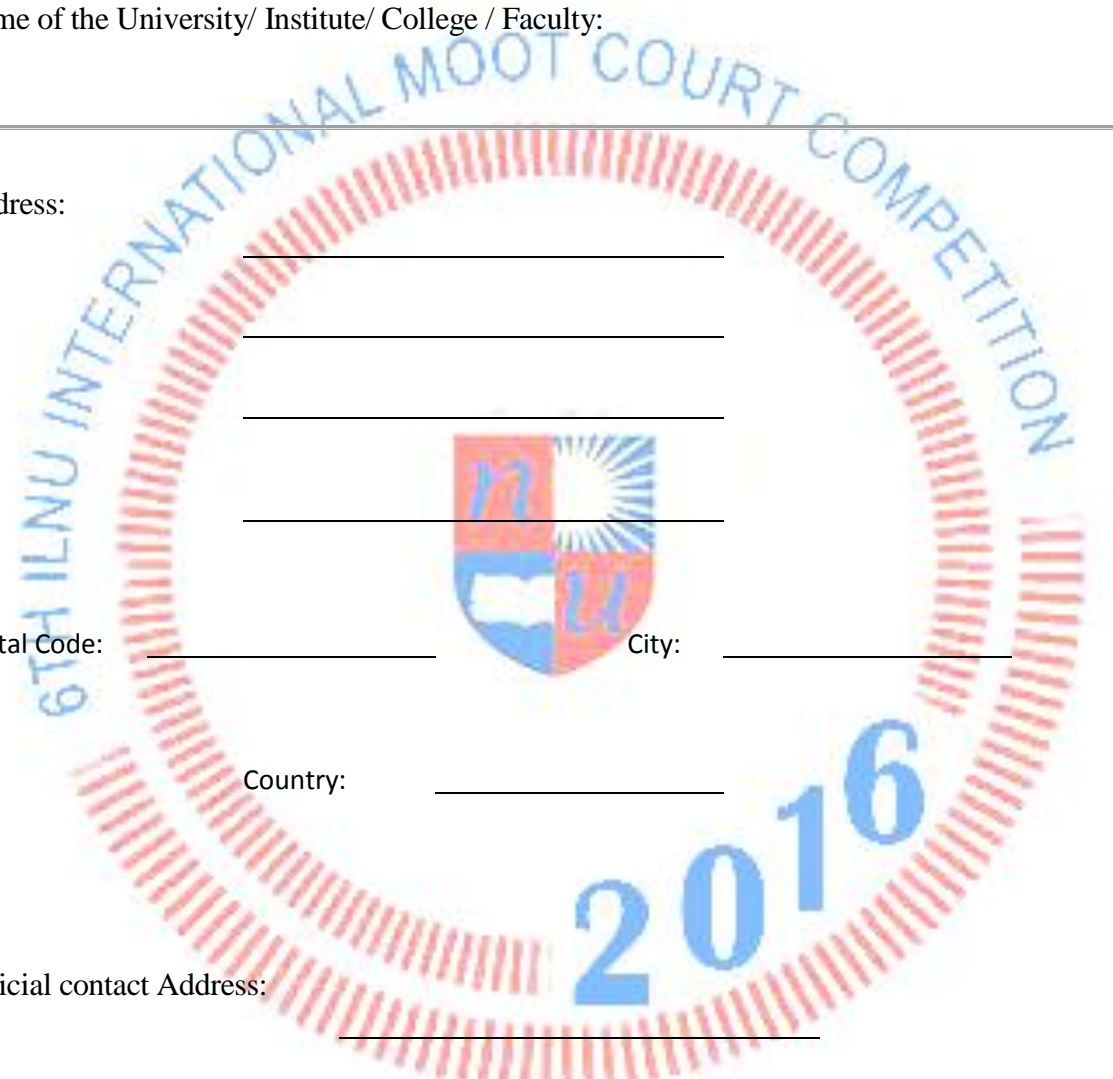
Address:

Postal Code:

City:

Country:

Official contact Address:



6TH ILNU INTERNATIONAL MOOT COURT COMPETITION'16

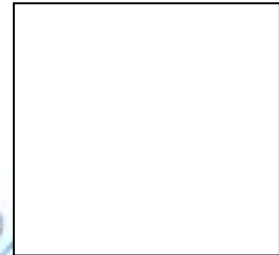
A1. Team Member 1: The official Team Contact Person

Full Name: _____

Date of Birth: (DD/MM/YY) _____

Nationality: _____

Photograph:



Address:

Postal Code: _____

City: _____

Country: _____



Mobile No: _____

Email: _____

Current University/ Institution/ College/ Faculty: _____

Current Degree studied: _____

Previous Degree obtained: _____

Specify: Speaker () / Researcher (): _____

Signature: _____

Date: _____

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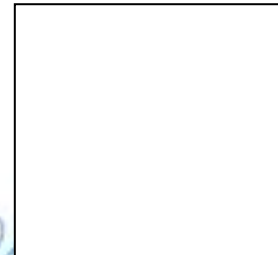
A2. Team Member 2

Full Name: _____

Date of Birth: (DD/MM/YY) _____

Nationality: _____

Photograph:



Address:

Postal Code: _____

City: _____

Country: _____

Mobile No: _____

Email: _____

Current University/Institution/College/Faculty: _____

Current Degree studied: _____

Previous Degree obtained: _____

Specify: Speaker () / Researcher (): _____

Signature: _____

Date: _____

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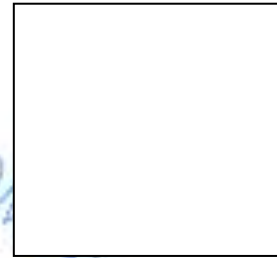
A3. Team Member 3

Full Name: _____

Date of Birth: (DD/MM/YY) _____

Nationality: _____

Photograph:



Address: _____

Postal Code: _____

City: _____

Country: _____



Mobile No: _____

Email: _____

Current University/Institution/College/Faculty: _____

Current Degree studied: _____

Previous Degree obtained: _____

Specify: Speaker () / Researcher (): _____

Signature: _____

Date: _____
