

**SAVEETHA SCHOOL OF LAW
SAVEETHA UNIVERSITY**

4th JUS AMICUS NATIONAL MOOT COURT COMPETITION, 2016

REGISTRATION FORM

Name of the Institution/
College/ University:

Address:

Telephone No:

Fax No.:

E-Mail:

Website:

J U S A M I C U S

SPEAKER ONE

Name: _____

Gender: _____

Year of study: _____

Telephone/ Mobile No: _____

Signature: _____



SPEAKER TWO

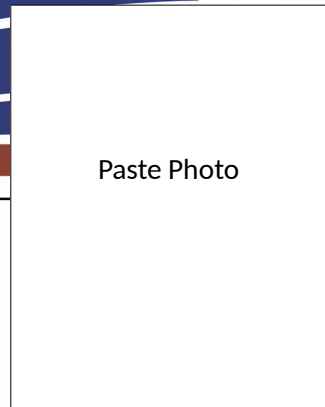
Name: _____

Gender: _____

Year of study: _____

Telephone/ Mobile No: _____

Signature: _____



JUS AMICU

RESEARCHER

Name: _____

Gender: _____

Year of study: _____

Telephone/ Mobile No: _____

Signature: _____



OBSERVER

Name: _____

Gender: _____

Year of study: _____

Telephone/ Mobile No: _____

Signature: _____



J U S A M I C U S

CONTACT PERSON OF THE COLLEGE

Name: _____

Telephone No.: _____

E-mail: _____

ACCOMMODATION

Accommodation Required: _____ *Yes/ No*

Date and Time of Arrival: _____

Details of the Train / Bus / Flight for arrival: _____

Date and Time of Departure: _____

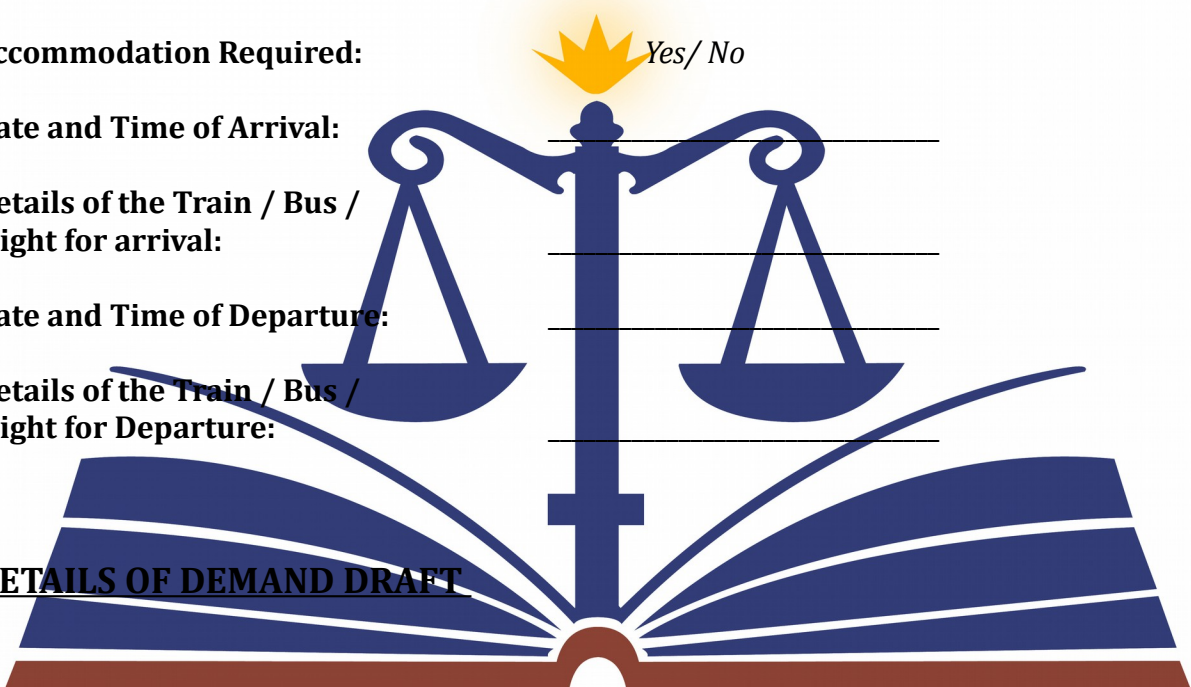
Details of the Train / Bus / Flight for Departure: _____

DETAILS OF DEMAND DRAFT

D.D. No.: _____

Drawn on Bank: _____

Dated: _____

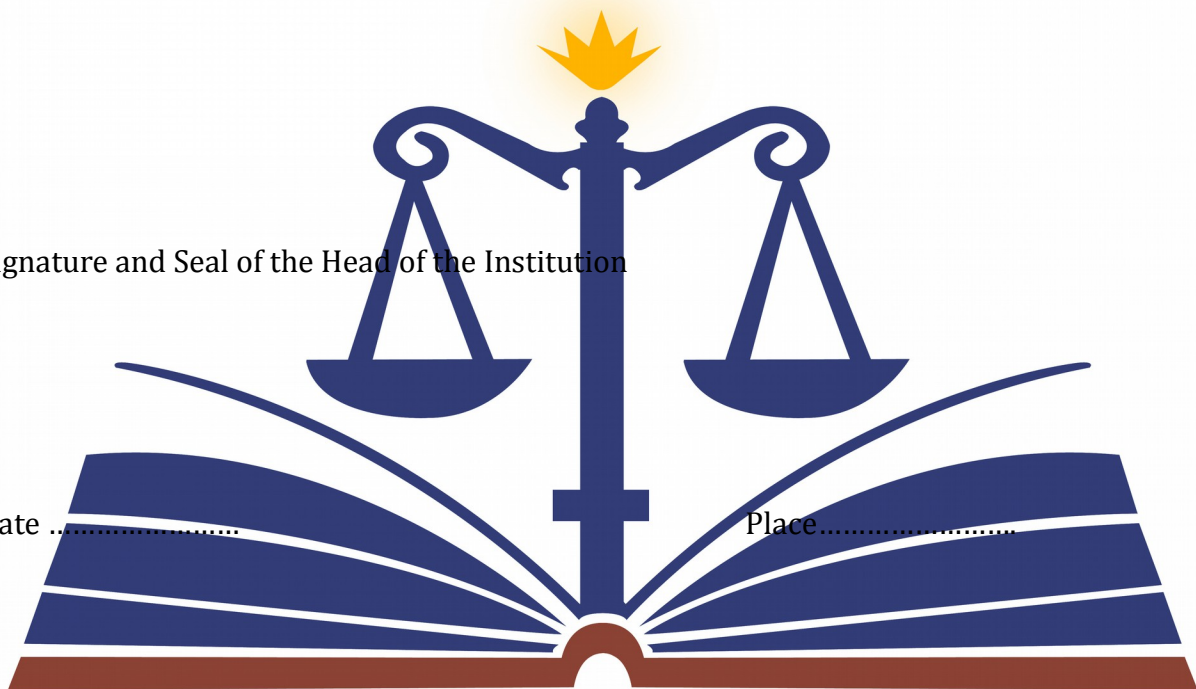


JUS AMICUS

Signature and Seal of the Head of the Institution

Date

Place.....



J U S A M I C U S