

REGISTRATION FORM

Institution Details

Name of College / University: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Contact Information

Name of College / University Contact Person: _____

Position: _____ Email address: _____

Telephone Number: _____ Fax: _____

Team Details

Name of Speaker 1: _____

Email Address: _____ Phone No: _____

Name of Speaker 2: _____

Email Address: _____ Phone No: _____

Name of Researcher: _____

Email Address: _____ Phone No: _____



Team Information

Number of Members in the team: _____

Please indicate the number of team members for each:

Vegetarian Meals: _____ Non Vegetarian Meals: _____

Type of College / University (Please indicate)

Indian College / University applying through the Memorial Round: _____

Indian College / University that has directly qualified: _____

Non- Indian College / University: _____

Signature of Faculty-in Charge/ Head of Institution: _____

Name: _____

Position: _____ Contact Details: _____

College / University Seal:

The Registration Form must be sent to:

*The General Secretary
Moot Court Association
Government Law College
'A' Road, Churchgate
Mumbai – 400 020
India*

