

**7TH ILNU NATIONAL MOOT COURT COMPETITION'17, IN ASSOCIATION
WITH THE CHAMBERS OF MR. KTS TULSI**

7th ILNU NATIONAL MOOT COURT COMPETITION, 2017

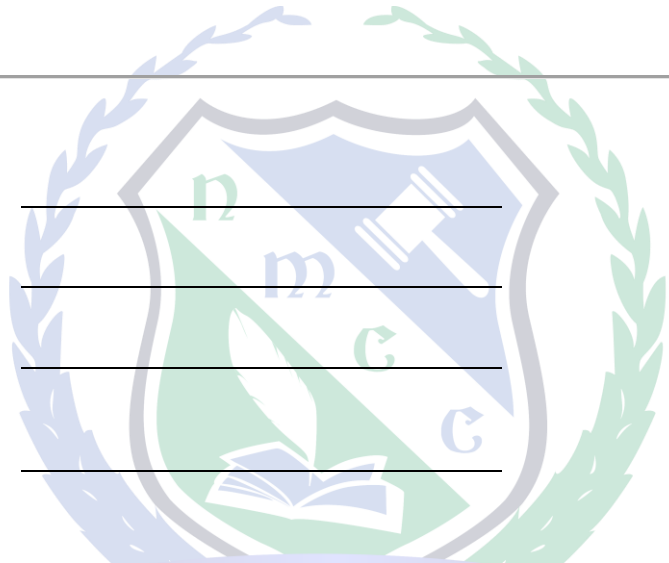
COMPETITION REGISTRATION FORM

A. Participants Name:

Information about the University/ College/ Faculty

Name of the University/ Institute/ College / Faculty:

Address:



Postal Code:

City:

Country:

Official contact Address with Seal:

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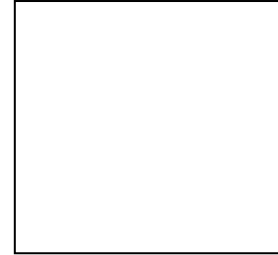
A1. Team Member 1: The official Team Contact Person

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

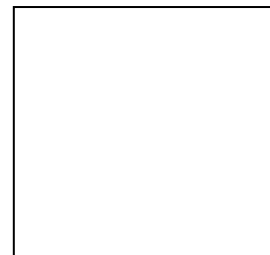
Full Name: _____

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: _____

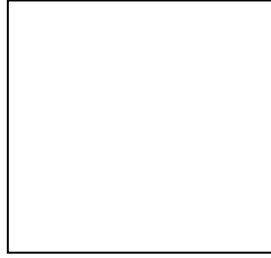
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A3. Team Member 3

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: _____