

REGISTRATION FORM

1. Please fill out all the sections of the Registration Form for participation in the **3rd GNLU Moot on Securities and Investment Law, 2017**. The Registration Form should reach via post to the Organizing Committee no later than **15 July 2017**. Registration Forms received after this deadline will not be considered for participation in the Competition. The Registration Form shall be addressed to the following:

To:

The Convener, GNLUMSIL Organizing Committee,
Gujarat National Law University Attalika Avenue,
Knowledge Corridor, Koba,
Gandhinagar – 382007 (Gujarat), India.
Tel.: +91 8128650856
Fax: +91 7878186624
Email ID: gnlumsil@gnlu.ac.in

2. The Registration Fees shall be payable in accordance with Rule 5.2 of the Rules of the Competition. Once the Registration Fees is paid, refund, if any, shall take place only in accordance with Rule 5.3 of the Rules of the Competition.
3. Upon receipt of the duly filled-in Registration Form and the Registration Fees from a Team, the Organizing Committee shall assign a Team Code to such a Team pursuant to Rule 5.4 of the Rules of the Competition. The Team Code will be communicated to the Team's Official Team Contact Person.

Institution/ College/ University Information

Name of Institution/ College/ University: _____

Address: _____

Postal Code: _____

City: _____

- A. Participant Information: The number of participants in a Team shall be three. Information required hereinafter is mandatory. Two passport size photographs of each team member and a bona-fide letter issued by the appropriate authority of your Institution/ College/ University must be sent along with this Registration Form.

A1. Team Member 1 - The Official Team Contact Person

Full Name: _____

Date of Birth (dd/mm/yy): _____

Sex: _____

Mobile Number: _____ Email: _____

Address: _____

Postal Code: _____

City: _____

Current Institution/College/University: _____

Position (Oralist/Researcher): _____

Signature: _____

Date: _____

A2. Team Member 2

Full Name: _____

Date of Birth (dd/mm/yy): _____

Sex: _____

Mobile Number: _____ Email: _____

Address: _____

Postal Code: _____

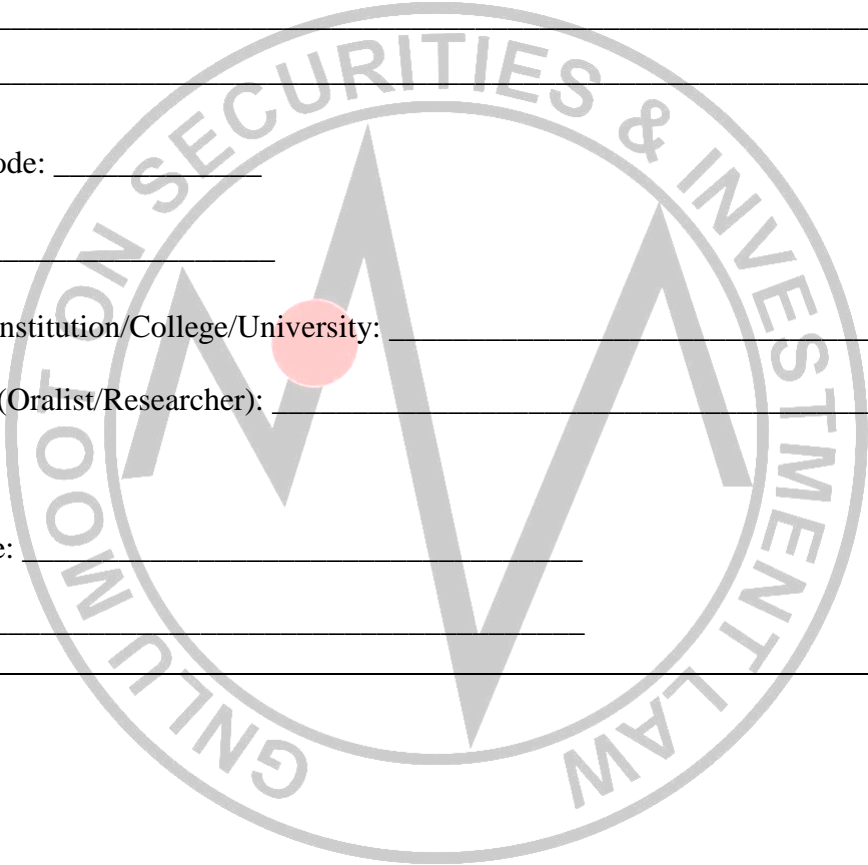
City: _____

Current Institution/College/University: _____

Position (Oralist/Researcher): _____

Signature: _____

Date: _____



A3. Team Member 3

Full Name: _____

Date of Birth (dd/mm/yy): _____

Sex: _____

Mobile Number: _____ Email: _____

Address: _____

Postal Code: _____

City: _____

Current Institution/College/University: _____

Position (Oralist/Researcher): _____

Signature: _____

Date: _____

