



REGISTRATION FORM



Name of the Organization / Institution: -

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Address: -

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Contact no. of the Institute:-

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Name and Contact no. of the Teacher in-charge of the Institution Moot Court Committee:-

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**PARTICULARS OF THE TEAM MEMBERS:**

**Speaker 1:**

Photograph

Name

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Contact No.

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Email

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**Speaker 2:**

Photograph

Name

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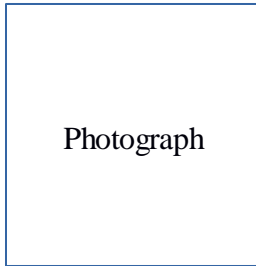
Contact No.

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Email

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**Researcher:**



Name \_\_\_\_\_

Contact No. \_\_\_\_\_

Email \_\_\_\_\_

**Contact Person:** (A member of the team with whom all Competition related communication shall be made.)\*

Name \_\_\_\_\_

Contact No. \_\_\_\_\_

Email \_\_\_\_\_

**Details of Registration Fee: -**

Demand Draft for Rs. 3500/-

Demand Draft No \_\_\_\_\_

Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_

**Note:** The demand draft shall be in favour of ***The Registrar, NLUJA, ASSAM PAYABLE AT GUWAHATI.***

**Excursion tour to Shillong\*\* -**

Yes

No

(Signature and Seal of the Head of Institution)