



**2<sup>ND</sup> Dr. R. U. SINGH MEMORIAL  
NATIONAL MOOT COURT COMPETITION**  
**22<sup>nd</sup> – 24<sup>th</sup> FEBRUARY, 2019**

**VENUE:**

Faculty of Law

University of Lucknow

New Campus,

Jankipuram Extention, Lucknow-226031



**ORGANIZED BY:**

Lucknow University Moot Court Association

(LUMA)

E-mail: [mcc.lucknowuniv@gmail.com](mailto:mcc.lucknowuniv@gmail.com)





## **REGISTRATION PROCESS**

1. Participating Teams are required to fill the details in the form provided below in **BLOCK LETTERS**, scan and email a soft copy to [mcclucknowuniv@gmail.com](mailto:mcclucknowuniv@gmail.com), latest by **February 1, 2019 (23:59 Hrs.)**.
2. The e-mail should include the following:
  - a. a scanned copy of the duly filled registration form
  - b. a recommendation letter from the head of the institution
  - c. receipt (if any) received after payment of registration fee
3. The subject of the email should be **“NATIONAL MOOT COURT REGISTRATION”**
4. **The above mentioned documents should also be available with the participants on the first day of the event.**
5. The payment can be made through **NEFT/ RTGS/ DEMAND DRAFT/ CHEQUE/ BT**.
6. The registration fee is to be paid in the following ACCOUNT:

**ACCOUNT NUMBER: 00600110256466**  
**ACCOUNT HOLDER: DEEPAYAN MALAVIYA**  
**IFSC CODE: UCBA 0000060**  
**BANK NAME: UCO BANK, LUCKNOW UNIVERSITY BRANCH**  
**MICR CODE: 226028009**
7. In case payment is made through **CHEQUE OR DEMAND DRAFT** the original shall be send to the following ADDRESS:

**HEAD AND DEAN,**  
**FACULTY OF LAW, UNIVERSITY OF LUCKNOW**  
**NEW CAMPUS, JANKIPURAM EXTENTION, LUCKNOW- 226031**



## **REGISTRATION FORM**

**NAME OF UNIVERSITY:**

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.....

**ADDRESS:**

.....  
.....

**EMAIL ID:**

.....

**OFFICIAL CONTACT PERSON:**

.....

**MOBILE NUMBER:**

.....

<b>MODE OF PAYMENT</b>	
<b>REFRECEENCE NUMBER</b>	
<b>DATED</b>	
<b>NAME OF THE BANK</b>	

**TEAM MEMBER 1 (SPEAKER)**

**NAME:** .....

**MOBILE NUMBER:** .....

**EMAIL ID:** .....

**GENDER:** ..... **YEAR:** .....

**TEAM MEMBER 2 (SPEAKER)**

**NAME:** .....

**MOBILE NUMBER:** .....

**EMAIL ID:** .....

**GENDER:** ..... **YEAR:** .....

**TEAM MEMBER 3 (RESEARCHER)**

**NAME:** .....

**MOBILE NUMBER:** .....

**EMAIL ID:** .....

**GENDER:** ..... **YEAR:** .....

**Seal and Signature of Head of Institution**



# **TRAVEL FORM**

## **DETAILS OF ARRIVAL**

**MODE OF TRANSPORT (ROAD/ RAIL/ AIR):**

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**FLIGHT/ TRAIN/ BUS NUMBER:**

.....

**ARRIVAL DATE / TIME:**

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## **DETAILS OF DEPARTURE**

**MODE OF TRANSPORT (ROAD/ RAIL/ AIR):**

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**FLIGHT/ TRAIN/ BUS NUMBER:**

.....

**DEPARTURE DATE / TIME:**

.....

**ANY OTHER DETAIL CONCERNING ACCOMODATION OR TRAVEL:**

.....

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**Seal and Signature of Head of Institution**