



CHRIST
(DEEMED TO BE UNIVERSITY)
BENGALURU · INDIA

4th National Trial Advocacy and Judgment Writing Competition, 2019

Registration Form

PARTICIPATING INSTITUTION

NAME: _____

POSTAL ADDRESS: _____

FACULTY -IN-CHARGE: _____

DESIGNATION: _____

TELEPHONE & EMAIL ID: _____

DETAILS OF PARTICIPANTS

Sl. No.	NAME	GENDER	COURSE & YEAR	STAMP SIZE PHTOTO	PHONE NUMBER & EMAIL-ID
1.	Speaker 1:				
2.	Speaker 2:				
3.	Researcher/Witness:				



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DECLARATION

1. WE THE UNDERSIGNED DECLARE THAT THE INSTITUTION AND ITS TEAM MEMBERS WILL ABIDE BY ALL THE RULES OF THE COMPETITION SET OUT IN THE RULES AND AS NOTIFIED TO US FROM TIME TO TIME THROUGHOUT THE PERIOD OF THE COMPETITION.
2. WE ALSO DECLARE AND CONFIRM THAT ALL THE INFORMATION PROVIDED IN THE REGISTRATION FORM IS TRUE AND ACCURATE.

Date: _____

SPEAKER 1: _____

SPEAKER 2: _____

RESEARCHER/WITNESS: _____

FACULTY IN-CHARGE: _____

HOD/DEAN/DIRECTOR/PRINCIPAL OF SCHOOL/COLLEGE: _____

(SIGNATURE WITH INSTITUTION SEAL)