

REGISTRATION FORM

Institution Details

Name of College / University: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Contact Information

Name of Contact Person from team: _____

Position: _____ Email address: _____


Telephone Number: _____ Fax: _____

Team Details

Name of Speaker 1: _____

Email Address: _____

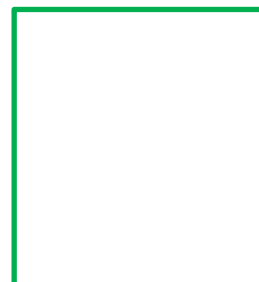
Phone No: _____



Name of Speaker 2: _____

Email Address: _____

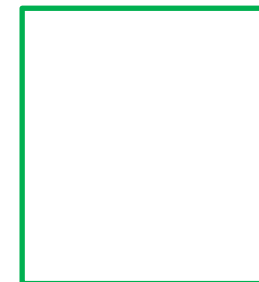
Phone No: _____



Name of Researcher: _____

Email Address: _____

Phone No: _____



Faculty-in Charge/ Head of Institution

Name: _____

Position: _____ Contact Details: _____

Signature of Faculty-in Charge/ Head of Institution: _____

College / University Seal:

The Registration Form must be sent to:

*General Secretary
Moot Court Association
Government Law College
'A' Road, Churchgate
Mumbai - 400 020*

