

SCHOOL OF LAW CHRIST UNIVERSITY
NATIONAL MOOT COURT COMPETITION 2012
6 – 9 SEPTEMBER
REGISTRATION FORM

Name of the Institution: _____

Address: _____

Telephone No: _____

Fax No.: _____

E-Mail: _____

Website: _____

SPEAKER ONE

Name: _____

Gender: _____

Year of study: _____

Telephone/ Mobile No: _____

E-Mail: _____

SPEAKER TWO

Name: _____

Gender: _____

Year of study: _____

Telephone/Mobile No: _____

E-Mail: _____

RESEARCHER

Name: _____

Gender: _____

Year of study: _____

Telephone/ Mobile No.: _____

E-Mail: _____

CONTACT PERSON

Name: _____

Designation: _____

Telephone No.: _____

E-mail: _____

ACCOMMODATION

Accommodation Required: Yes No

Date and Time of Arrival: _____

Mode of Transportation: Train Bus Any other

Date and Time of Departure: _____

DEMAND DRAFT DETAILS

D.D. No.: _____

Drawn on Bank: _____

Dated: _____

Signature and Seal of the Head of the Institution

Date

Place.....