



2nd Dhawani Manocha Memorial National Moot Court Competition, 2016

REGISTRATION FORM

DATE: _____

NAME OF THE INSTITUTION: _____

ADDRESS: _____

TEAM CONTACT PERSON:

NAME: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

TEAM DETAILS:

SPEAKER 1:

NAME: _____

GENDER: (M) (F)

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

SPEAKER 2:

NAME: _____

GENDER: (M) (F)



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E-MAIL ADDRESS: _____

PHONE NUMBER: _____

RESEARCHER :

NAME: _____

GENDER: (M) (F)

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE OF THE HEAD OF INSTITUTION

SEAL OF THE INSTITUTION