SECOND PROF. N. R. MADHAVA MENON NATIONAL MOOTING COMPETITION

REGISTRATION FORM

Name of the Institution :.....

Address :.....

:.....

Telephone No. :.....

Fax No. :.....

E-Mail :.....

Website :.....

FIRST ORALIST

Name :.....

Gender :.....

Year of study :.....

Telephone/Mobile No. :.....

E-Mail :.....

SECOND ORALIST

Name :.....

Gender :.....

Year of study :.....

Telephone/Mobile No. :.....

E-Mail :.....

RESEARCHER

Name :.....

Gender :.....

Year of study :.....

Telephone/Mobile No. :.....

E-Mail :.....

ACCOMMODATION

Accommodation Required: ☐ Yes ☐ No

Date and Time of Arrival .....

Mode of Transportation: Train/Bus/Any other (specify) : .....

Date and Time of Departure : .....

Signature and Seal of the Head of Institution

Date :

Place :

Please Email duly filled-in Registration Form to

profmenonmooting@lloydedu.in & accounts@lloydedu.in

NOTE: Instructions relating to food, travel and accommodation shall be conveyed upon registration