

**10th RLC SAQUIB RIZVI MEMORIAL NATIONAL MOOT COURT
COMPETITION**

13th – 15th MARCH 2020

REGISTRATION FORM

NAME OF UNIVERSITY:

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ADDRESS:.....
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.....
.....

EMAIL ID:

OFFICIAL CONTACT PERSON:.....

MOBILE NUMBER:.....

MODE OF PAYMENT	
DD NUMBER	
DATED	
NAME OF THE BANK	

TEAM MEMBER 1 (SPEAKER)

NAME:

MOBILE NUMBER:

EMAIL ID:

GENDER: YEAR:

TEAM MEMBER 2 (SPEAKER)

NAME:

MOBILE NUMBER:

EMAIL ID:

GENDER: YEAR:

TEAM MEMBER 3 (RESEARCHER)

NAME:

MOBILE NUMBER:

EMAIL ID:

GENDER: YEAR:

Seal and Signature of Head of Institution

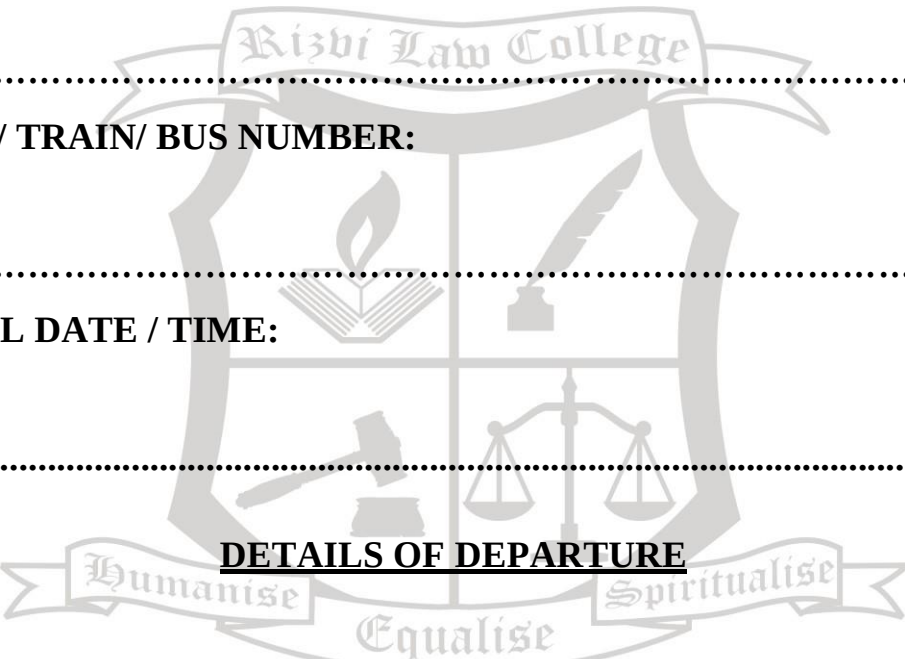
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TRAVEL FORM

DETAILS OF ARRIVAL

MODE OF TRANSPORT (ROAD/ RAIL/ AIR):

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FLIGHT/ TRAIN/ BUS NUMBER:

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ARRIVAL DATE / TIME:

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DETAILS OF DEPARTURE

MODE OF TRANSPORT (ROAD/ RAIL/ AIR):

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FLIGHT/ TRAIN/ BUS NUMBER:

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DEPARTURE DATE / TIME:

.....

Seal and Signature of Head of Institution