

4TH DR. R.U. SINGH MEMORIAL NATIONAL LEVEL LITERARY EVENTS

Organized by-

FACULTY OF LAW, UNIVERSITY OF LUCKNOW

REGISTRATION FORM

(NOTE: Attach photo/ scanned copy of this Form with the Email.)

NAME: (MR./MISS)

NAME: (MR./MISS)

COURSE:

UNIVERSITY/COLLEGE:

CONTACT:

E-MAIL ID:

EVENT/S: (TICK INFRONT OF THE DESIRED OPTION)

ARTICLE WRITING **POSTER MAKING**

DEBATE COMPETITION **BILL DRAFTING**

LEGAL QUIZ **SOCIO-LEGAL FILM MAKING**

PAYMENT DETAILS:

(NOTE: Kindly attach receipt/ screenshot of the payment with the mail)

FEE AMOUNT (IN INR):

MODE OF PAYMENT (PAYTM/ GOOGLE PAY/ UPI/ CASH):

TRANSACTION NO.:

DATE & TIME OF PAYMENT:

NAME OF CASH RECEIVER (IN CASE OF CASH PAYMENT):

(PARTICIPANT'S SIGNATURE)