

G. H. RAISONI LAW SCHOOL'S NATIONAL DEBATE COMPETITION

REGISTRATION FORM

Name of the institution:.....

Address:.....

.....

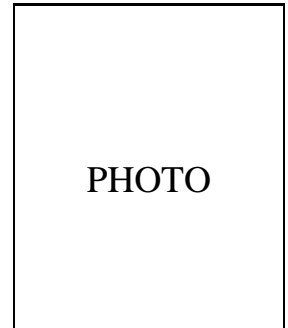
Phone no.:.....

1. SPEAKER 1:.....

PHONE NO:..... SEX:.....

ADDRESS:.....

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E-MAIL ID:.....



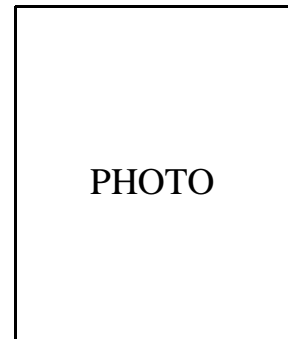
SIGNATURE.

2. SPEAKER 2:.....

PHONE NO:..... SEX:.....

ADDRESS:.....

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E-MAIL ID:.....



SIGNATURE.

SEAL AND SIGNATURE OF THE HEAD OF THE INSTITUTION.