

# LEX OMNIA MOOT COURT COMPETITION – 2015

## Registration Form

### Institution Details

Name of College / University:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

### Authorization of Faculty-in Charge/ Head of Institution

Name of College / University Contact Person:

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Position: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Team Details**

Name of Speaker 1: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Speaker 2: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Researcher 1: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Researcher 2: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Demand Draft Details**

Draft No: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_

Date: \_\_\_\_\_

**College / University Seal**

The duly filled Registration Form must be posted to the following address along with the demand draft by **10<sup>th</sup> October, 2015:**

**Y.S.Vamsi**

**Room no. 308, AH-7**

**BITS Pilani Goa Campus,**

**Zuarinagar**

**Vasco – 403726.**

A scanned copy of the Registration Form and the Demand Draft must also be emailed to **lexomnia@bits-waves.org**.