

**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

