

**INSTITUTE OF LAW
JIWAJI UNIVERSITY
1ST NATIONAL MOCK TRIAL
6th – 8th APRIL, 2018**

REGISTRATION FORM:

1. Name Of Institution:
2. Address for Communication:
3. Official Contact No.
4. Email Address:
5. Details Of Participants:

SPEAKER 1

Name:

Contact No.

Year

SPEAKER 2

Name:

Contact No.

Year:

INSTITUTE OF LAW, JIWAJI UNIVERSITY 1ST MOCK TRIAL COMPETITION

WITNESS 1

Name:

Contact no.:

Year:

WITNESS 2

Name:

Contact no.:

Year:

Official Contact Person:

Payment Details:

Seal and Signature of Head Of Institution:

SIGNATURE AND PHOTOGRAPH OF PARTICIPANTS:

PASTE PASSPORT
SIZED PHOTOGRAPH
HERE

PASTE PASSPORT
SIZED PHOTOGRAPH
HERE

PARTICIPANT 1 : _____

PARTICIPANT 2: _____

PASTE PASSPORT
SIZED PHOTOGRAPH
HERE

PASTE PASSPORT
SIZED PHOTOGRAPH
HERE

PARTICIPANT 3: _____

PARTICIPANT 4: _____

TRAVEL FORM

Please fill in this form informing us of your travel details for the Institute of Law, National Trial Advocacy, 2018 to be held from 6th-8th April, 2018. This form is to be sent along with the Registration Form.

Name of the Institution:

NAME OF THE PARTICIPANTS:

Participant 1:

Participant 2:

Participant 3:

Participant 4:

ARRIVAL DETAILS:

- a. Mode of Arrival: Train/ Bus
- b. Train no./ Bus no.
- c. Date and Estimated Time of Arrival:

DEPARTURE DETAILS:

- a. Mode Of Departure: Train/ Bus
- b. Train no. / Bus no.
- c. Date and Estimated Time of Departure: