

REGISTRATION FORM
INSTITUTE OF LAW JIWAJI UNIVERSITY
1ST NATIONAL MOCK TRIAL
15th - 17th March, 2019

TEAM DETAILS:

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

SPEAKER 1

Name: _____ Year: _____
Contact No. _____
Email: _____

SPEAKER 2

Name: _____ Year: _____
Contact No. _____
Email: _____

WITNESS 1

Name: _____ Year: _____
Contact No. _____
Email: _____

WITNESS 2

Name: _____ Year: _____
Contact No. _____
Email: _____

Official Contact Person: _____

Payment Details: _____

Seal and Signature of Head of Institution: _____

INSTITUTE OF LAW, JIWAJI UNIVERSITY 1ST NATIONAL MOCK TRIAL
COMPETITION

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: _____

INSTITUTE OF LAW, JIWAJI UNIVERSITY 1ST NATIONAL MOCK TRIAL
COMPETITION

TRAVEL FORM

Please fill in this form informing us of your travel details for the Institute of Law, National Trial Advocacy, 2019 to be held from 15th – 17th March ,2019. 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:

TRAVEL FORM

INSTITUTE OF LAW, JIWAJI UNIVERSITY 1ST NATIONAL MOCK TRIAL COMPETITION