

Registration Form

M. C. Chagla Memorial Government Law College State Moot Court Competition, 2009

Institution Details

Name of College / University: _____

Address: _____

City: _____ State: _____

Pin Code: _____

Contact Information

Name of College / University Contact Person: _____

Position: _____ Email address: _____

Telephone Number: _____ Fax: _____

Team Details

Name of Speaker 1: _____

Tel Number: _____ Email Address: _____

Name of Speaker 2: _____

Tel Number: _____ Email Address: _____

Name of Researcher: _____

Tel Number: _____ Email Address: _____

Team Information

Number of Members in the team: _____

Please indicate the number of team members for each:

Vegetarian Meals: _____ Non Vegetarian Meals: _____

Any Special Requests:

-

-

Signature of Faculty-in Charge/ Head of Institution: _____

Name: _____

Date: _____ Position: _____

College / University Seal:

The Registration Form must be sent to:
The General Secretary
Moot Court Association
Government Law College
'A' Road, Churchgate,
Mumbai – 400 020.
India