

UMSAILS - UAP Inter University Moot Court Competition 2024

REGISTRATION FORM

University/Institution details:

Name:

Address:

Name of the Coordinator/Coach of the team:

Email address:

Contact no.:

Mooter-1:

Name:

Institutional Registration number / Roll number:

Email address:

Contact no.:

Mooter-2:

Name:

Institutional Registration number / Roll number:

Email address:

Contact no.:

Researcher:

Name:

Institutional Registration number / Roll number:

Email address:

Contact no.:

Observer (if any):

Name:

Institutional Registration number / Roll number:

Email address:

Contact no.:

Declaration

- 1. We hereby certify that the information given by us is true and complete in all material respect.
- 2. We hereby declare that our participation shall in compliance of all the rules and regulations of the UAP- UMSAILS Inter University Moot Court Competition 2024.
- 3. We certify that all the material to be submitted will be prepared by us. If found plagiarized, we shall be responsible for the same and the Organizing University can take any action against it.

Signature of Mooter-1

Signature of Mooter-2

Signature of Researcher

Counter Signed by the Coordinator/Coach of the team with seal:

Date:

Place: