

3rd ILNU INTERNATIONAL MOOT COURT COMPETITION 2014

REGISTRATION FORM

Participants Name:

Information about the University/ College/ Faculty:

Name of the University/ Institute/ College / Faculty:

Address:

Postal Code:

City:

Country:

Institute of Law, Nirma University

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Signature:		Date:	
Specify: Speaker () / Researcher ():			
Current Degree studied:			
Current University/Institutio	n/College/Faculty:_		
Mobile No:	Email:		<u>_</u> _
Country:			
Postal Code:	City:		
Address:			
Nationality:			Photograph:
Date of Birth: DD/MM/YY)			
Full Name:			
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The official Team Contact Person	L		

Team Member 2:		
Full Name:		
Date of Birth:		
Nationality:		Photograph:
Address:		
Postal Code:	City:	
<u> </u>	City.	
Country:		
Mobile No:	Email: _	
Current University/Institution/(College/Faculty	
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Current Degree studied:		
Previous Degree obtained:		
Specify: Speaker () / Researcher ():		
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Signature:		Date.
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Team Member 3:		
Full Name:		
Date of Birth: (DD/MM/YY)		
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Previous Degree obtained:		
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