

REGISTRATION FORM

1. Please fill out all the sections of the Registration Form for participation in the **2nd GNLU Moot on Securities and Investment Law, 2016**. The Team Registration Form should reach via post to the Organizing Committee no later than **July 4, 2016**. Registration Forms received after the dead line will not be considered for participation in the competition. The Registration Form shall be addressed to the following:

To:

The Convenor, GNLUMSIL Organizing Committee,
Gujarat National Law University Attalika Avenue,
Knowledge Corridor, Koba,
Gandhinagar –382007 Gujarat, India.
Tel.: +91 8128650856
Fax: +91 7878186624
Email ID: gnlumsil@gnlu.ac.in

2. The Registration Fees shall be payable in pursuance of “Rule 5.2” and “Rule 5.3” as provided in the Rules for Registration. Once the Registration Fees is paid, refund, if any, shall take place only in pursuance of “Rule 5.4” of the Rules of Registration.
3. Upon receipt of the Team Registration Form and the Team Registration Fees, the registered team shall be assigned a “Team Code” which will be sent to the team’s Official Team Contact Person.

Institution/College/University Information

Name of Institution/College/University: _____

Address: _____

Postal Code: _____

City: _____

A. Participant Information: The number of participants in a team shall be three. Information required hereinafter is mandatory. Two passport size photographs of each team member and a bona-fide certificate issued by the appropriate authority of your Institution/College/University must be sent along with this Application Form.

A1. Team Member 1-The Official Team Contact Person

Full Name: _____

Date of Birth (dd/mm/yy): _____

Sex: _____

Mobile Number: _____ Email: _____

Address: _____

Postal Code: _____

City: _____

Current Institution/College/University: _____

Position (Oralist/Researcher): _____

Signature: _____

Date: _____

A2. Team Member 2

Full Name: _____

Date of Birth (dd/mm/yy): _____

Sex: _____

Mobile Number: _____ Email: _____

Address: _____

Postal Code: _____

City: _____

Current Institution/College/University: _____

Position (Oralist/Researcher): _____

Signature: _____

Date: _____

A3. Team Member 3

Full Name: _____

Date of Birth (dd/mm/yy): _____

Sex: _____

Mobile Number: _____ Email: _____

Address: _____

Postal Code: _____

City: _____

Current Institution/College/University: _____

Position (Oralist/Researcher): _____

Signature: _____

Date: _____