**SHRI.KONERU LAKSHAMAIAH MEMORIAL ALL INDIA MOOT COURT COMPETITION, 2018**

**REGISTRATION FORM**

1. **Name of the Student Speaker :**

**Year and Course of study with Roll No. : Affix Photo**

**Name of the College / University /Institution :**

1. **Name of the Student Speaker :**

 **Year and Course of study with Roll No. : Affix Photo**

 **Name of the College / University /Institution :**

1. **Name of the Research Associate :**

 **Year and Course of study with Roll No. : Affix Photo**

**Name of the College / University /Institution :**

**(a).................................................(b)..................................................(c)..................................................**

**Signatures of the Two Student Speakers and One Research Associate**

**Participating Team**

 **Name and Signature of the Head of the College**

**Date: University /Institution**

**DD No: Date: Amount: Name of the Bank:**