



SHETH A G CHARITY TRUST  
**UNIVERSITY SCHOOL OF LAW**  
**GUJARAT UNIVERSITY**

Near Dada Sahebna Pagla, University Campus, Navrangpura,  
Ahmedabad-380 009 (India)

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USLGU/281/2016

Date: 29.11.2016

## Invitation

Team Selection for All India BCI Moot Court Competition

To,  
The Principal,  
Law Colleges affiliated to Gujarat University,

This is to inform you that every year Gujarat University is represented by a team for Participation in the All India Moot Court Competition organized by **Bar Council of India**, from amongst students from all law colleges. This year also a team will be selected for the competition.

In anticipation of receiving circular from BCI, the Law School is going to organize selection for above said competition to save last minute hassles.

Hence the law colleges affiliated to Gujarat University both 3 and 5 years are requested to send a team from their colleges.

The selection competition will be held on 17/12/2016 at School of Law, Gujarat University at 8 AM. Kindly send your team along with Moot Problem as per earlier practice for selection of the team.

Further, All colleges are requested to submit their Moot problem on or before 10/12/2016 in soft and hard copy.

Thanking you,

Prof.Dr.K.C.Raval  
Director

Forward to Principals, Law Colleges affiliated to Gujarat University

**GUJARAT UNIVERSITY**  
**Team Selection Competition for BCI Moot Court**  
**17 December, 2016**

**REGISTRATION FORM**  
(PLEASE FILL IN CAPITAL LETTERS)

Name of the College: \_\_\_\_\_  
College address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email ID: \_\_\_\_\_

**(1) SPEAKER 1**

Name: \_\_\_\_\_  
Year and Course: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email ID: \_\_\_\_\_  
Student Signature: \_\_\_\_\_



**(2) SPEAKER 2**

Name: \_\_\_\_\_  
Year and Course: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email ID: \_\_\_\_\_  
Student Signature: \_\_\_\_\_



**(3) RESEARCHER**

Name: \_\_\_\_\_  
Year and Course: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email ID: \_\_\_\_\_  
Student Signature: \_\_\_\_\_



**(4) Name of the Faculty mentor if any:** \_\_\_\_\_

Date: \_\_\_\_\_

**Signature and Seal of the Head of the Institution**