



THAKUR RAMNARAYAN COLLEGE OF LAW

LEX COMMUNIQUE 2025

**THE ANNUAL LAW FEST
SIXTH EDITION**

**GENERAL RULES AND REGULATIONS
& ANNEXURES**

Article I. Students pursuing their bachelor's degree in a three-year or five-year law course in a recognised school/college/university are eligible to participate in the **Trial Advocacy & Client Counselling** competition.

Article II. For **Youth Summit & Policy Presentation**, students pursuing their bachelor's degree in any course (including law) in a recognized school/college/university can participate.

Article III. Each University/ College is permitted to be represented by **ONE TEAM ONLY** (in Each Competition).

Article IV. Participants must take note that Trial Advocacy and Youth Summit competitions will take place simultaneously during the first half of the day, while Client Counselling and Policy Presentation competitions will take place simultaneously in the second half. Participants are therefore, advised to refer to the schedule before registering.

Article V. For the Composition of Teams, please refer to the Rules of each competition on our website https://trcl.org.in/studentcorner/lex_communique .

Article VI. Participating teams should carry authorization letter from their college. Absence of authorization letter at the time of registration will lead disqualification of the team.

Article VII. After completion of registrations, the team shall not be eligible to change participants unless on genuine grounds. The Team shall inform about any team changes by **15th January 2025**. The team must carry the Original Copies of the submitted Registration Form and Authorization Letter for identification purposes.

Article VIII. Under no circumstances will any team be eligible for refund of the registration amount.

Article IX. For Authorisation Letter, Registration in the Trial Advocacy, Youth Summit, Client Counselling & Policy Presentation Competitions, please find Annexures I-V in this PDF. The same alongwith the screenshot of payment must be uploaded on <https://forms.gle/FpW2rcnBxXYyuxW57> by **7th January, 2025**.

Article X. The Organizers will not provide any pick-up/drop services from Airport/Railway Station. The teams shall directly reach the venue. The teams must email their Travel Details (Annexure VI) on lexcommunique@trcl.org.in by **15th January 2025**. In case of any delay, the teams shall inform the organizers.

Article XI. The Outstation teams shall be provided with the accommodation (upon payment of requisite fees) from **7th February, 2025 (Check-in 4 PM onwards)**. The teams should check-out on **9th February, 2025 (by 8 AM)**.

Article XII. The teams are solely responsible for their belongings. The teams must always wear their Admit/ID Cards on the campus.

Article XIII. If any participant has Jain food preference, they should inform the Organizers on email (lexcommunique@trcl.org.in) by **15th January 2025**.

Article XIV. The scores of any rounds of Trial Advocacy, Youth Summit, Client Counselling & Policy Presentation will not be displayed. However, the team may request their scores after the event.

Article XV. Feedback of the teams will be at the Judge's discretion.

Article XVI. All payments related to registration & accommodation must be made by RTGS/NEFT to:

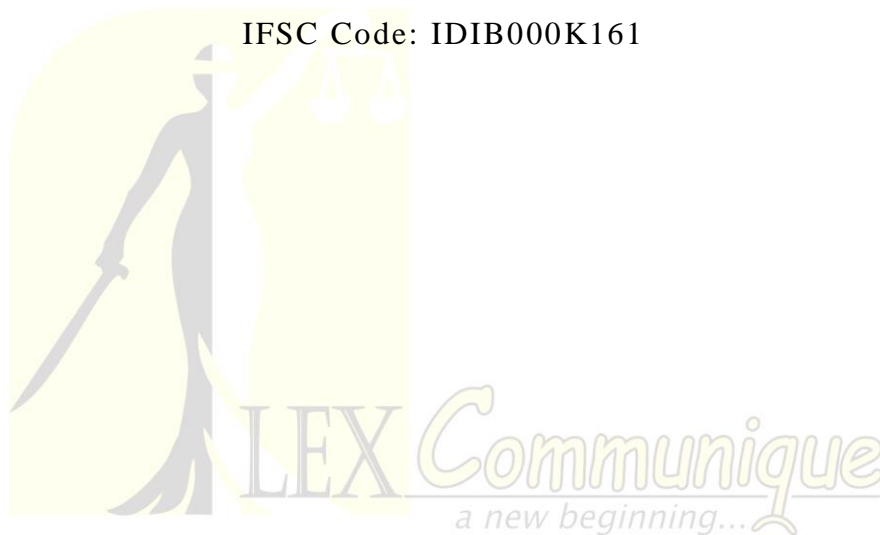
Name of the Account: Lex Communique

Bank name: Indian Bank

Branch: Kandivali (EAST)

A/c. No.: 6701666981

IFSC Code: IDIB000K161



Signature of the Institution Head
& Seal of the Institution





**LEX COMMUNIQUE 2025
ANNEXURE II**



REGISTRATION FORM FOR TRIAL ADVOCACY
(To be filled in Block Letters)

NAME OF THE INSTITUTION: _____

ADDRESS: _____

FACULTY IN-CHARGE FOR COMMUNICATION: _____

CONTACT NO.: _____

EMAIL ID: _____

STUDENT IN-CHARGE FOR COMMUNICATION: _____

CONTACT NO: _____

EMAIL ID: _____

TEAM DETAILS

PARTICIPANT 1:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

PARTICIPANT 2:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

PARTICIPANT 3:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-size Photograph

PARTICIPANT 4:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-size Photograph

Whether Accommodation Required [Yes/No]: _____

If Yes; No. of Male (M) _____ and Female (F) _____

Total Members in the Team: M _____ F _____

Contact Number: _____

BANK DETAILS

TRANSACTION ID: _____

NAME OF THE BANK: _____

BRANCH: _____

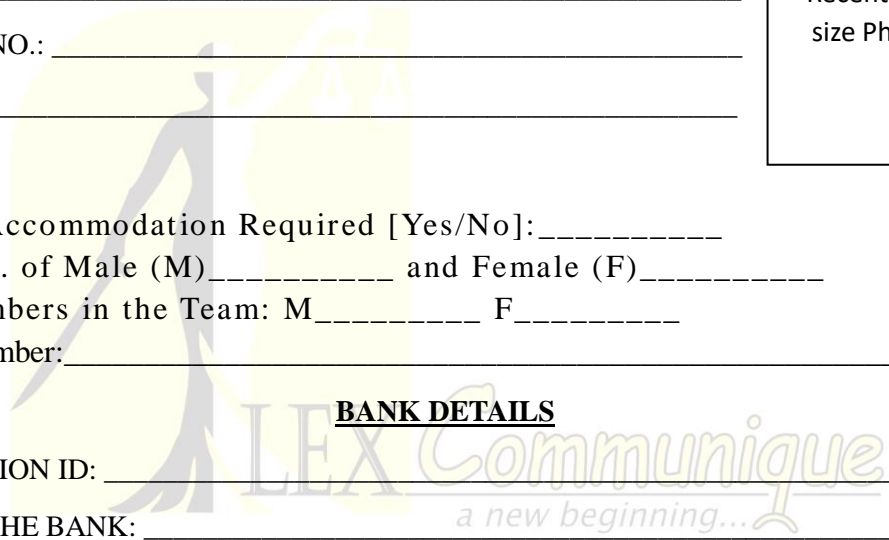
MODE OF PAYMENT: _____

DATE OF PAYMENT: _____

NAME OF THE HEAD OF THE INSTITUTION: _____

SIGNATURE: _____

SEAL OF THE INSTITUTION: _____





**LEX COMMUNIQUE 2025
ANNEXURE III**



REGISTRATION FORM FOR YOUTH SUMMIT
(To be filled in Block Letters)

NAME OF THE INSTITUTION: _____

ADDRESS: _____

FACULTY IN-CHARGE FOR COMMUNICATION: _____

CONTACT NO.: _____

EMAIL ID: _____

STUDENT IN-CHARGE FOR COMMUNICATION: _____

CONTACT NO: _____

EMAIL ID: _____

TEAM DETAILS

PARTICIPANT 1:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

PARTICIPANT 2:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

PARTICIPANT 3:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-size Photograph

PARTICIPANT 4:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-size Photograph

PARTICIPANT 5:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-size Photograph

PARTICIPANT 6:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-size Photograph

PARTICIPANT 7:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-size Photograph

Whether Accommodation Required [Yes/No]: _____

If Yes; No. of Male (M) _____ and Female (F) _____

Total Members in the Team: M _____ F _____

Contact Number: _____

BANK DETAILS

TRANSACTION ID: _____

NAME OF THE BANK: _____

BRANCH: _____

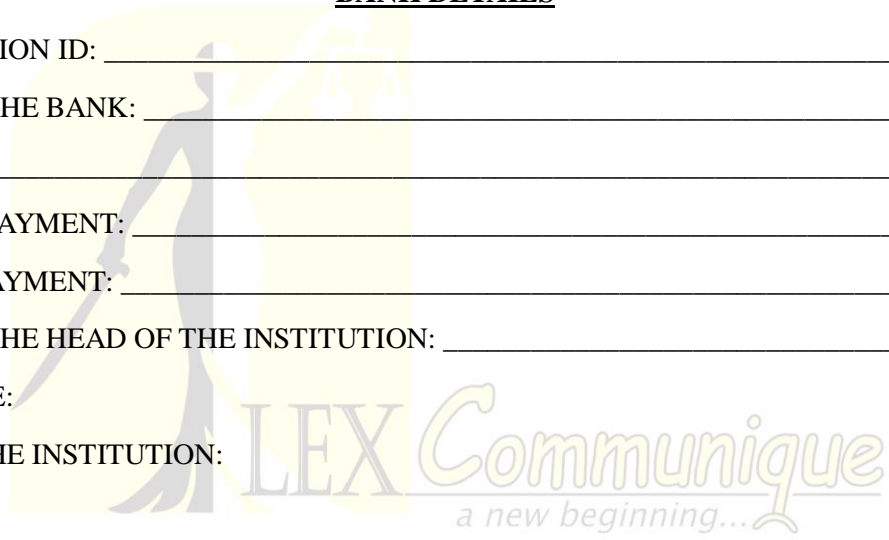
MODE OF PAYMENT: _____

DATE OF PAYMENT: _____

NAME OF THE HEAD OF THE INSTITUTION: _____

SIGNATURE: _____

SEAL OF THE INSTITUTION: _____





**LEX COMMUNIQUE 2025
ANNEXURE IV**



REGISTRATION FORM FOR CLIENT COUNSELLING
(To be filled in Block Letters)

NAME OF THE INSTITUTION: _____

ADDRESS: _____

FACULTY IN-CHARGE FOR COMMUNICATION: _____

CONTACT NO.: _____

EMAIL ID: _____

STUDENT IN-CHARGE FOR COMMUNICATION: _____

CONTACT NO: _____

EMAIL ID: _____

TEAM DETAILS

PARTICIPANT 1:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

PARTICIPANT 2:

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

Whether Accommodation Required [Yes/No]: _____

If Yes; No. of Male (M) _____ and Female (F) _____

Total Members in the Team: M _____ F _____

Contact Number: _____

BANK DETAILS

TRANSACTION ID: _____

NAME OF THE BANK: _____

BRANCH: _____

MODE OF PAYMENT: _____

DATE OF PAYMENT: _____

NAME OF THE HEAD OF THE INSTITUTION: _____

SIGNATURE:

SEAL OF THE INSTITUTION:





**LEX COMMUNIQUE 2025
ANNEXURE V**



REGISTRATION FORM FOR POLICY PRESENTATION

(To be filled in Block Letters)

NAME OF THE INSTITUTION: _____

ADDRESS: _____

FACULTY IN-CHARGE FOR COMMUNICATION: _____

CONTACT NO.: _____

EMAIL ID: _____

STUDENT IN-CHARGE FOR COMMUNICATION: _____

CONTACT NO: _____

EMAIL ID: _____

DETAILS

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-size Photograph

Whether Accommodation Required [Yes/No]: _____

If Yes; No. of Male (M) _____ and Female (F) _____

Total Members in the Team: M _____ F _____

Contact Number: _____

BANK DETAILS

TRANSACTION ID: _____

NAME OF THE BANK: _____

BRANCH: _____

MODE OF PAYMENT: _____

DATE OF PAYMENT: _____

NAME OF THE HEAD OF THE INSTITUTION: _____

SIGNATURE: _____

SEAL OF THE INSTITUTION: _____



**LEX COMMUNIQUE 2025
ANNEXURE VI**



TRAVEL DETAILS

ARRIVAL DETAILS

Name of the Institution: _____

Mode of Travel (Air/Train/Bus/Car): _____

Details (Flight No./ Train No.& Name with Coach/ Bus Details)

Date and Time of Arrival: _____

DEPARTURE DETAILS

Mode of Travel (Air/Train/Bus): _____

Details (Flight No./ Train No. & Name with Coach/ Bus Details:

Date and Time of Departure: _____

Pl. Note: The Organizers will not provide any pick-up/drop services from Airport/ Railway Station. The teams shall directly reach the venue.

LEX Communique
a new beginning...

Signature of the Participants