



THAKUR RAMNARAYAN COLLEGE OF LAW

LEX COMMUNIQUE 2026



FORMS

UNDERTAKING, REGISTRATION & TRAVEL

[illegible]

Signature of the Institution Head
& Seal of the Institution





**LEX COMMUNIQUE 2026
FORM 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 (SPEAKER 1):

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

PARTICIPANT 2 (SPEAKER 2):

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

PARTICIPANT 3 (RESEARCHER 1):

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

PARTICIPANT 4 (RESEARCHER 2):

FULL NAME: _____

SEMESTER: _____

GENDER: _____

CONTACT NO.: _____

EMAIL ID: _____

Recent Passport-
size Photograph

Total Members in the Team: M _____ F _____

Contact Number: _____

Whether Accommodation Required [Yes/No]: _____

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

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 2026
FORM 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

Total Members in the Team: M _____ F _____

Contact Number: _____

Whether Accommodation Required [Yes/No]: _____

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

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: _____

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a new beginning...



**LEX COMMUNIQUE 2026
FORM 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

Total Members in the Team: M_____ F_____

Contact Number:_____

Whether Accommodation Required [Yes/No]:_____

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

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 2026
FORM V**



REGISTRATION FORM FOR JURIS-ATHON

(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

Total Members in the Team: M_____ F_____

Contact Number:_____

Whether Accommodation Required [Yes/No]:_____

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

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 2026
FORM 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.

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Signature of the Participants