

First State Level

Moot Court Competition

Feb 2-4, 2018



Organised By
Shri.A.K.Venkata Subramaniam
Chair of Excellence on
Consumer Law and Jurisprudence,
The Tamil Nadu Dr.Ambedkar
Law University,
Chennai

Under the aegis of
Department of Consumer Affairs,
Ministry of Consumer Affairs,
Food and Public Distribution,
Government of India

Venue
U.G Block,
The Tamil Nadu Dr.Ambedkar Law University
(New Campus),
Perungudi, Chennai – 113,
(Near Taramani Railway Station).

ABOUT THE UNIVERSITY

The Tamil Nadu Dr.Ambedkar Law University is a premier institution for legal education, established in the year 1997 in pursuance of the Tamil Nadu Act No.43 of 1997. As a sui generis model, the University is the first of its kind in the country offering legal education both on its campus and through the affiliated law colleges in the State of Tamil Nadu. All the ten Government Law Colleges stand affiliated to the Tamil Nadu Dr.Ambedkar Law University. The University has established the School of Excellence in Law in the University campus.

ABOUT THE CHAIR OF EXCELLENCE ON CONSUMER LAW AND JURISPRUDENCE

The Chair of Excellence on Consumer Law and Jurisprudence named after Shri.A.K.Venkata Subramaniam, a former Secretary, Government of India and a Consumer Activist has been functioning since 01-07-2014. The objectives of the Chair among others are: (i) to provide for the advancement and dissemination of knowledge of law and their role in the development of better education; to promote legal education and well-being of the community generally and (iii) to provide access to legal education of large segments of the population and in particular to the disadvantaged groups. The Chair proposes to organise a State Level Moot Court Competition in the first week of February, 2018.

RULES FOR THE STATE LEVEL MOOT COURT COMPETITION, 2018

- State Level Moot Court Competition will be organized by the Chair of Excellence on Consumer Law and Jurisprudence of The Tamil Nadu Dr.Ambedkar Law University, Chennai. All decisions by the Organizers in case of any disputes/ doubts etc. will be final. The Organizers may make such rules and procedures at any point of time, as they deem fit.
- Participating College/University/Institution shall be presumed to be the parent institution of the Participating Team.
- Rules should be strictly adhered to. Any deviation therefrom would attract disqualification or other penalties mentioned subsequently.
- Imposition of penalties including disqualification rests solely with the Organizers in case of failure to comply with the rule(s) and deadline(s).
- All the rules are only inclusive and not exhaustive for the competition.

Date and Venue

The First State Level Moot Court Competition shall be held on 2nd , 3rd and 4th of February, 2018 at U.G Block of School of Excellence in Law, The Tamil Nadu Dr.Ambedkar Law University(New Campus), Perungudi, Chennai – 113, (Near Taramani Railway Station).

Dress Code

The participants shall adhere to the following dress code when present in any court room during the competition:

Boys: White shirt, black trousers and black tie along with black coat and black shoes.

Girls: White salwar and kurta or white shirt and black trousers along with black coat and black shoes.

The Participating teams shall also adhere to the above mentioned dress code while attending the inaugural and valedictory ceremonies of the Competition. No team shall be allowed to leave after the conclusion of prelims and quarter-final rounds.

Language

The official working language of the Moot Court Competition is English.

Eligibility

The competition is open only for bona fide students of recognized Institutions /Universities /Organizations in the State of Tamil Nadu who are currently pursuing their Bachelor's degree in Law i.e. 3 Years LL.B. or 5 Years LL.B. Programme.

Team composition

- One team from each participating college shall be registered for the competition. Each team shall consist of 3 members.
- There shall be 2 speakers and 1 researcher designated in a 3 member team while in case of a 2 member team, both the members shall be considered to be speakers. Teams shall identify the speakers and researcher during registration. No extra member or observer shall be allowed.
- Changes in the composition of team members once submitted will not be allowed.

Registration

- Teams must confirm their participation by sending of the 'Registration Form' completely filled in and duly signed by the Head of the participating Institution along with the Registration Fee of Rs.1000/- per team by way of Demand Draft in favour of 'Chair of Excellence on Consumer Law and Jurisprudence' payable at Chennai on or before 31st December, 2017 to the convener, Prof. (Dr.) V. Balaji to the address provided in the brochure.
- No forms received after the deadline shall be considered for registration.

Rounds

There shall be Preliminary Round, a quarter-final round, a semi-final round and a final round. Orientation and draw of lots shall take place on 2nd February, 2018.

- There shall be preliminary round wherein every Participating Team shall be required to argue once from each side.

- Preliminary round, Quarter-Finals will be held on 3rd February, 2018.
- The Semi-Finals and The Final round will be held on 4th February, 2018.

Preliminary Rounds

Each team will be given a total of 30 minutes to present its case. The time includes questioning by judges. The division of time is left to the discretion of the team members, subject to a maximum of 18 minutes per speaker. Division of time should be informed to the Court Assistants/Clerks at the beginning of the round. The arguments need to be confined to the issues presented in the memorials. Passing of notes to the speakers by the researcher during the rounds is allowed. A maximum of 5 minutes may be reserved for rebuttal or sur-rebuttal. In the Preliminary Rounds, each Team shall argue either once as a Petitioner / Respondent. All teams are expected to carry with themselves any case law and authorities which they intend to refer to. It is to be noted that the speaker need not explain the facts of the moot problem to the judges before they start the arguments.

Quarter Final, Semi-final & Final Rounds

The time limit in the Quarter finals and the Semi-finals is the same as preliminaries. In the Finals each team will get a total 45 minutes to present its case. The division of time is left to the discretion of the team members, subject to a maximum of 25 minutes per speaker. Division of time should be informed to the Court Assistants/Clerks before the beginning of the rounds.

In all the rounds, during the course of the oral submissions, the speaker shall neither reveal his/her identity nor the identity of their college/university by any means whatsoever. Such actions on part of the any member of the team will lead to disqualification of the team from the competition.

Selections

While selection for quarter-finals would be on win basis, the quarter-final, semi-final and final rounds would be on a 'knock-out' basis. In case of a tie, the aggregate score of the team would be considered. In the prelims, the top 8 teams who have won in the preliminary round shall proceed to the quarter-final. The top four teams selected after the quarter-final round will proceed to semi-final. The top two teams selected after semi-final will proceed to final round. The final round shall take place between the winners of semi-final.

Memorials

The following requirements for memorials must be strictly followed and any non-compliance of the same shall attract penalties or disqualification:

- Each team must prepare memorials for both the sides mentioned in the Moot Problem.
- Once the Memorials have been submitted, no revisions, supplements or

additions will be allowed.

- The last date for submitting the Memorials for both the sides in soft copy as well as in hard copy is 15th January, 2018.
- No amendments/ improvements shall be made subsequent to the referred submission.
- The soft copy of the Memorials should be sent via e-mail to consumerchair@gmail.com. The hard copy of the memorials should be sent to the Convenor, Prof.(Dr.) V.Balaji to the address provided in the brochure.
- Eight copies of each of the memorials for Petitioner & Respondent (excluding copies for use by the team) should be sent.
- It shall be the sole responsibility of the respective Participating Teams to ensure that the correct number of copies of the Memorials is submitted to the Organizers within the prescribed deadline.
- The copies submitted to the organisers would be for the use of the Memorial Judges and Bench Judges and shall not be returned to the participants.

Guidelines for Memorial

A. Memorial Structure:

- a) Cover Page (The cover page shall contain the case title, side of the memorial, year of competition, name of the court and team code on the top right corner).
- b) Table of Contents
- c) List of Abbreviations
- d) Index of Authorities
- e) Statement of Jurisdiction
- f) Statement of Facts
- g) Issues given
- h) Summary of Arguments
- i) Pleadings / Arguments advanced
- j) Prayer

B. Content Specifications:

- | | |
|---------------------------------|------------------------------------|
| a) Font and Size (General) | - Times New Roman, 12 pts |
| b) Line Spacing (General) | - 1.5 lines |
| c) Font and Size (Footnotes) | - Times New Roman, 12 pts |
| d) Line Spacing (Footnotes) | - Single line |
| e) Page Margins | - 1 inch on all sides |
| f) Page Limit (Entire Memorial) | - Not to exceed 30 pages |
| g) Paper Specification | - White A4 sized paper |
| h) Cover Specification | - Appellant(Blue); Respondent(Red) |

- i) Binding Specification - Spiral Binding.

Evaluation of Memorials

- Every Memorial will be marked on a total of 100 marks and the team memorial marks will be the average of the total of both sides.
- Memorials will be judged by a special panel of judges.
- The memorial which secures the highest score based on the cumulative marks of the two memorials submitted, shall be adjudged as the Best Memorial.

The following shall be the marking scheme:

S.No	Criteria	Marks allotted
1	Interpretation of Law	20
2	Analysis, Organization and Clarity	20
3	Extent and Use of Authority	20
4	Depth of Research	10
5	Originality in Presentation	10
6	Language and way of presentation	10
7	Adherence to the guidelines	10
	Grand Total	100

Exchange of Memorials

- There shall be an exchange of memorials between the respective opponent participating teams as would be placed after the draw of lots in all the rounds of the competition.
- The teams are prohibited from making any marks on the memorials thus exchanged. They are also prohibited from making any copies of such memorials.
- The teams shall return the exchanged memorials to the Court Officer of the respective round.

Evaluation of the Speakers

- Speakers would be adjudged under the following categories during their oral presentation:

S.No	Criteria	Marks allotted
1	Knowledge of Law	5
2	Advocacy skill	5
3	Analysis and Authorities cited	5
4	Response to Judges' Questions	5
5	Court Manners	5
	Grand Total	25

- The decision of the judges as to the marks allotted to any team shall be final. So as to ensure uniformity in the marking system all the judges will be provided with a marking guideline.
- Memorial scores shall be added in preliminary round only. In the quarters, semi-finals and finals, memorial scores will be taken into consideration only in the event of a tie.
- Speaker who scores highest marks will be adjudged as Best Speaker.

Best Researcher

The following are the guidelines for selecting the best researcher:

S.No	Criteria	Marks allotted
1	Immediate response to Judges' Questions	5
2	Efficacy of Answers given to the Questions asked	5
3	Assisting the Speakers	5
4	Performance in rebuttals and sur-rebuttals	5
5	Court Manners	5
	Grand Total	25

Awards

S.No	Categories of Awards	Awards
1	Winning Team	Golden Trophy and a Cash Prize of INR 20,000/-
2	Runner up	Silver Trophy and a Cash Prize of INR 10,000/-
3	Best Speaker	Trophy & Cash Prize of INR 5,000/-
4	Best Researcher	Trophy & Cash Prize of INR 5,000/-
5	Best Memorial	Trophy & Cash Prize of INR 5,000/-

In addition to the above, all the participants will be given a Certificate of Participation.

While deciding the winning team and Runner-up, the performance of both the Speakers and the Researcher will be taken into account.

Important Dates

30 th November, 2017	Release of Moot Problem
31 st December, 2017	Last date for seeking clarifications in the moot problem and for registration along with details of payment
5 th January, 2018	Release of Clarifications and confirmation of Participation of the selected teams
15 th January, 2018	Last date for submission of hard copies and soft copies of Memorials
2 nd February, 2018	Inauguration of Moot Court Competition
3 rd February, 2018	Preliminary & Quarter Final Rounds
4 th February, 2018	Semi Final, Final Rounds & Valedictory

Team Code

On confirmation of participation, each team will be provided a team code. The participating teams are requested to quote the team code in their memorials and in all correspondences after its allocation.

Clarifications

Last date for requesting clarifications on Moot Problem is 31st December, 2017. Teams are requested to use the email as the mode for seeking clarifications. A full list of clarifications shall be sent to all the teams through e-mail by 5th January, 2018.

Delays in Appearance / Presentation

- If a team scheduled to take part in a round does not appear in the scheduled time, the other team shall be allowed to submit ex-parte.
- The criteria of rebuttals shall not be considered in such cases for evaluation in place of which an average for the same would be given on the basis of the marks scored by such team on other criteria.

Scouting

Teams will not be allowed to observe the Rounds of any other teams. Scouting is strictly prohibited. Scouting by any of the teams will result in instant disqualification. In case of any default, the Organizers' decision will be final.

MOOT PROBLEM

1. Mr.Ramasamy, (hereinafter referred to as 'the patient') aged about 55 years, father of two, working in a private concern, as an accountant, was the native of a village situated in the district of Madurai in the State of Tamil Nadu. In 2011 - 12, he was suffering from breathing problem for a period of 7 months intermittently. On 01-03-2012, he was having severe breathing difficulty in the morning. So he consulted one Dr.Manoj (hereinafter referred to as the Respondent No.2), a government doctor, working in a Primary Health Centre (herein after referred to as the PHC) who treated him free of cost and prescribed some tablets. Those tablets gave relief to the patient for a short interval and he returned back to his routine work. On and off, he had the same complaints and he got treated at PHC.
2. After the passage of 4 months, the Patient again suffered the same problem and he approached the PHC for treatment but he did not get better. Respondent No.2 advised the Patient to go to the nearest Government Hospital for further treatment due to lack of facility at PHC. But, the Patient approached one Dr.Ram Kumar (hereinafter referred to as the Respondent No.3), a doctor running a private nursing home in a small town 10 k.m away from his village. He prescribed some tablets & nebulisation and asked the patient to take a few tests (Chest X-ray and Blood test) and visit him again. As there was no breathlessness after the consumption of tablets, he didn't turn up for review and did not take the tests, as advised. Days were passing without any complaints for a period of 6 months.
3. On 17-02-2013, the patient again suffered severe breathlessness and chest discomfort. So he was taken to Quick Heal Hospital Pvt. Ltd (hereinafter referred to as 'the Respondent No.1') located in the city of Madurai, by his family members. A preliminary check-up was done by Dr. Arun, (Respondent No.4) a consultant cardiologist at the above said hospital. The Respondent No.4 suggested for several tests which included ECG, Chest X Ray, blood tests and Echocardiography. The test reports showed that the patient suffered myocardial infarction (heart attack). The reports also confirmed that the patient was having high blood sugar. But the Patient did not apprise Respondent No.4 the details of previous treatment taken from Respondents.2 & 3. Respondent No.4, in the best interest of the patient, suggested for angiogram to look for the blocks in the blood vessels. On performing angiogram on 18-02-2013, it was found that three major vessels in the heart had blocks ranging from 70% to 90%. Therefore, he referred the patient to Dr.David, a Cardiothoracic Surgeon (hereinafter referred to as the Respondent No.5) and his team in the same hospital for further treatment as

it required Respondent No.5's intervention in that case.

4. Respondent No.5 advised that the only treatment at this juncture was to undergo an open-heart by-pass surgery (CABG). On 20-02-2013, after getting the consent from the patient, the surgery was performed and the entire process lasted 8 hours. The Patient was shifted to Intensive Coronary Care Unit (ICCU) under Respondent No.5's instructions for intensive post-surgery monitoring. The first 48 hours after the surgery were uneventful and the patient recuperated well. He was shifted to Intensive Care Unit (ICU) under Respondents No.4 & 5's treatment. On 27-02-2013, as the patient was feeling better, he was shifted to the ward. After two days, the patient was discharged on 01-03-2013 with cardiac supportive medication and asked to come for review 10 days later.
5. On 09-03-2013, when he was taking rest in his house, the patient developed pain, fever and discomfort in the operated area and was taken back to the casualty of Quick Heal Hospital. The patient was admitted by the Respondent No.5's Assistant who was also a doctor, as Respondent No.5 had gone abroad to attend an International Medical Conference. The patient was informed about the surgical site infection by the Assistant who also took a swab for culture and sensitivity. Returning on 11-03-2013, Respondent No.5 found the surgical site infected and saw the result of culture sensitivity. The infection could be treated by cefixime and gentamicin. As the patient was on gentamicin injection already and did not improve, the Respondent No.5 advised his assistant to start on cefixime injection on 12-03-2013. So, his orders were carried out and the Patient was started on injection Cefixime, after a test dose. The next day after the second dose of injection, the patient complained of mild itching over the right forearm near the injection site. The patient's wife, Padmavathi (hereinafter referred to as 'the Appellant') immediately reported this matter to the Staff Nurse on duty at 11 P.M and the Staff Nurse applied some ointment for immediate relief and reassured the Appellant. The facts also revealed that the Respondents No.4 & 5 didn't enquire the patient regarding the previous treatment taken by the patient, if any.
6. The next day at 8 A.M in the evening, another dose of injection was given by the staff nurse as instructed by the duty doctor. The patient complained of severe itching around 9 A.M over the injection site and his face and lips were swollen. Then, the duty doctor was informed and he diagnosed it to be a case of anaphylaxis (allergy) due to the antibiotic injection which can be commonly encountered and started him on steroids. In spite of earnest

efforts on the part of Respondent No.5 who had been informed of the development, the patient's condition deteriorated and he died at 10.30 A.M on 14-03-2013 due to above said complications.

7. The Appellant, Padmavathi, a literate, (Wife of the deceased) filed a consumer complaint on 03-07-2013, under the Consumer Protection Act, 1986 before the State Commission against Quick Heal Hospital Pvt. Ltd and Respondents No.2 to 5 on the following grounds:

- a) The allegation against Respondent No. 2 was that he did not diagnose the condition properly and had treated the deceased for another disease;
- b) The allegation against Respondent No.3 was that he failed to inform the deceased about the cardiac involvement and had asked to perform routine tests which are not relevant to cardiac disease.
- c) The Appellant also alleged that because of negligence and lethargic attitude shown by Respondent No.2 and 3, the deceased had landed with massive heart attack;
- d) The allegation against Respondent No.4 was that he did not choose the apt diagnostic test to come to a conclusion and made the patient to undergo angiogram unnecessarily. Instead, he could have directly referred him to Respondent No.5. Thus, a heavy financial expenditure was caused to the deceased besides unnecessary strains on his health;
- e) The allegation against Respondent No.5 was that he did not perform the surgery properly resulting in deficiency in service and health complications. As a result, there was infection which affected the health of the deceased drastically. The Appellant alleged deficiency in service and negligence against Respondent No.5 in the following activities: (a) Negligence in performing the surgery properly; (b) Not informing about the complications that would follow after the surgery; (c) Failure to give proper post-operative care; (c) Delegating the case to his assistant who is not an expert, as he went abroad for the International Conference and thereby there was a dereliction of duty; (d) Failing to inform the allergic complications involved in these type of cases and thereby violating the right of informed consent;

- f) The allegation against the Quick Heal Hospital was that there was negligence in taking due care of the patients by the staff on duty, applying the principle of Vicarious Liability.
8. The Appellant alleging medical negligence and deficiency in service, prayed for a compensation of Rs.50 lakhs along with the costs of the suit and Rs.5 lakhs towards the expenses incurred in the treatment as the deceased was the sole bread winner of the family.
9. The Appellant also prayed the Court to pass such other orders as are necessary in interest of justice, equity and good conscience.
10. The State Commission after hearing the arguments of learned counsels appearing on behalf of both the parties passed the following orders on 06-02-2015 in favour of the Appellant:
- a) The State Commission found no negligence on the part of Respondent No.2 & 3 stating that they did their part. As regards other Respondents, the Commission found that there was gross negligence and dereliction of duty on the part of the Respondents No.1, 4 & 5 which led to the death of the patient.
- b) The Commission found negligence on the part of the Respondents on the following grounds: (i) Not taking sufficient care while performing the surgery (ii) Diagnostic methods and not caring to ascertain the previous history of the patient (iii) Poor post-operative care; (iv) Delegating the case to a non-expert; (v) Violation of not obtaining informed consent without explaining allergic and other complications.
- c) So, the Commission directed that each Respondent has to pay Rs.10 Lakhs to the Appellant as the liability of the Respondents was joint and several. The Commission also awarded costs of Rs.10,000/-. However, the Commission did not find any justification for the claim of Rs.5 lakhs towards medical expenditure.
11. The State Commission thus held that it was gross negligence on the part of the Respondents No.1, 4 & 5 resulting in deficiency in service.
12. Against the order of the State Commission, both the parties filed appeals before the National Commission. The Appellant filed the appeal on 07-04-15

seeking enhanced compensation of Rs.50 lakhs and the Respondents No.1, 4 & 5 filed the appeal on 14-04-15 seeking to set aside the order of the State Commission.

13. The National Commission allowed the appeal filed by the Respondents No.1, 4 & 5 and dismissed the appeal filed by the Appellant for enhancement of compensation on 08-06-2017 and held that there was no medical negligence and deficiency in service on the part of the respondents for the reasons stated below:

- a) In consonance with views of the State Commission as regards the Respondent No.2 & 3, the National Commission held that there was no negligence on the part of Respondent No.2 as he did his part according to the facilities available in the Primary Health Centre; when the deceased came for the second time, he also aptly referred to the nearest Government Hospital for further treatment. With regard to Respondent No.3, the National Commission held that he acted diligently and asked the patient to take some tests and to come for a review. But the patient did not turn up and take the tests as advised by Respondent No.3.
- b) In this connection, the Commission observed that "in medical profession, the rights and duties are mostly inter-related; Doctor's duty becomes Patient's right and vice-versa. So, in every medical case, the success is on the fulfilment of duties by both the parties." Applying the above proposition in the present case, the Commission was of the view that there was serious violation of instructions given by both Respondents No.2 & 3. Hence, there is a breach of duty by the patient in following the instructions given by the Respondents No.2 & 3.
- c) In addition to the aforesaid breach, the patient has also concealed the fact of previous treatment (taken from Respondents No.2 & 3) to Respondents No.4 &5.
- d) With regard to Respondents No.4 & 5, the National Commission held that the treatment and diagnostic methods were certified by a team of experts that they were according to medical jurisprudence & standards of medical practice and hence, there was no deviation from it. The Commission also held that the infection and allergic reactions are common for such type of cases which could not be held

to be a medical error. Despite that, the Respondents No.4 & 5 tried their best. Hence, the Commission stated that there was no medical negligence on the part of Respondent Nos.4 & 5. In this regard, the Commission observed that "merely because the case resulted in the death of the patient, the liability of negligence cannot be fastened on the doctors; if this trend continued, the doctors may fear to take the complicated cases in future which will be having devastating effects on the health of the People".

- e) The Commission further held that there was also no violation of right to informed consent as the facts revealed that consent was clearly obtained in the proper form. It is the duty of the patient to read the instructions meticulously and to understand its consequences clearly before taking the decision.
- f) As regards the Respondent No.1, the Commission held that the principle of vicarious liability could not be attracted primarily because there was no breach of instructions given by the doctors by the staffs on duty.

14. Against the order of the National Commission received on 15-07-2017, the present Civil Appeal has been filed by the Appellant (Wife of the deceased) before the Supreme Court of India on 10-08-2017.

15. Prepare the arguments for the case of *Padmavathi Vs. Quick Heal Hospital Pvt. Ltd and Others* for the both sides on the following issues:

- a) Whether there is any medical negligence constituting deficiency in service on the part of the Respondents under the Consumer Protection Act, 1986?
- b) Is there any violation of Right to Informed Consent of the Patient?
- c) Whether there is any negligence on the part of the Quick Heal Hospital Pvt Ltd? If negligent, will the principle of Vicarious Liability be attracted?
- d) Is there any violation of Right to Life of the Patient guaranteed under Article 21 of the Constitution of India?

MISCELLANEOUS

Copyright

The copyright over the memorials submitted for participation in the competition by participants shall vest completely with the Chair of Excellence on Consumer Law and Jurisprudence of The Tamil Nadu Dr.Ambedkar Law University, Chennai.

The Participants shall certify in writing the originality of materials contained therein and shall be responsible for any claim or dispute arising out of the further use and exhibition of these materials. Further use and exhibition of these materials, electronically or otherwise, shall be the exclusive right of the Chair of Excellence on Consumer Law and Jurisprudence of The Tamil Nadu Dr.Ambedkar Law University, Chennai which shall not be responsible for any liability to any person for any loss caused by errors or omissions in the collection of information, or for the accuracy, completeness, or adequacy of the information contained in these materials.

Disclaimer

The Moot Court Competition is based on a fictitious problem, whereby the characters & the incidents or the course of events in the moot court are completely imaginary and the same has no relation to any person living or dead or any post/present real life incident. The Moot Court Competition is made solely for the purpose of training law students of Tamil Nadu in developing an analytical bent of mind and serving the Bar and the Bench to the best of their abilities.

Accommodation and Food

Accommodation and food shall be provided by the Organizers from the evening of 2nd February, 2018 to evening of 4th February, 2018. Those who need accommodation should make a request to the organisers by 10th January, 2018.

Travelling Allowance

Outstation participants will be provided Travelling allowance (2nd Class Train Fare / equivalent bus fare) on production of the tickets. Reaching of place of Accommodation and venue of Moot Court Competition has to be taken care of by the participants.

REGISTRATION & DECLARATION FORM

Participants are requested to download the Registration and Declaration Form from the university website at www.tndalu.ac.in and send the filled-in Forms to the convenor Prof. (Dr.) V. Balaji on or before 31 st December 2017.

FORMORE DETAILS, CONTACT

In case of any queries or clarifications regarding the competition, feel free to contact the following persons. All correspondence relating to the Moot Court Competition should be made to the **consumerchair@gmail.com**.

Parton-in-Chief

Prof.(Dr.) N.S.Santhosh Kumar

Convenor, The Tamil Nadu Dr.Ambedkar
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Directorate of Legal Studies, Chennai.

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