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| --- | --- | --- | --- | --- | --- | --- | --- |
| Nomination Form : Basant – Feb 19th to 23rd, 2019 | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| (Employed, Homemaker, Student etc…) | | | | | | | |
| Age (years completed): Gender: Female /Male/ Other gender | | | | | | | |
| Academic Qualification: [Optional] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| BLHP Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facilitated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Address: (Office)  Tel No:(Landline & Mobile)  E-mail id: | | | | **Address: (Residence)**  **Tel No:(Landline & Mobile)**  **E-mail id:** | | | |
| Person to be contacted in Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship with applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: (landline/mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
| Bursaries/Scholarship availed: Yes No | | | | | | | |
| \* Payment in favour of “Indian Society for Applied Behavioural Science, Mumbai Chapter” payable at Mumbai | | | | | | | |
| Banker’s Cheque / Draft No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Payment details: Payee Bank \_\_\_\_\_\_\_  Bank confirmation number \_\_\_\_\_\_\_\_\_\_ | | | Dated: \_\_\_\_\_\_\_\_\_\_ | | Name of the Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Amount (in words) Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only  Amount(numerals) INR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/- | | | | | | | |
| Language Proficiency: Please tick as appropriate. | | | | | | | |
|  | **English** | **Hindi** | | **Marathi** | | **Others (specify)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Can speak |  |  | |  | |  |  |
| Can understand |  |  | |  | |  |  |
| \* Please confirm your nomination after sending required fees and nomination form. | | | | | | | |
| *CAUTIONARY NOTICE: A person who has experienced continuous mental stress or has been under psychiatric treatment or has a history of mental disorders, or has had a coronary/heart attack, must not be nominated to ISABS labs. ISABS will not be responsible for any of such problems developed during or after participation in any lab. It is implicit that each participant joins the lab with informed voluntary consent and owns responsibility for his/her own health.* | | | | | | | |
| I have read the announcement of the BASANT 2019 event, including the cautionary notice and would like to join as a participant taking full responsibility for my decision. | | | | | | | |
| Signature: Name: Date: Place: | | | | | | | |