

ISABS NATIONAL SUMMER EVENT 2019

Evolve 2019

NOMINATION FORM

Lab Title Lab Date.....

Name Gender DOB

Profession.....Work Experience (Years).....

PAN Number (personal/company).....

Organisation Address (Indicate preferred mailing address)

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TelephoneFaxEmail:

Residence Address

.....

.....

TelephoneFaxEmail:

Name & Designation of sponsoring authority

Name of the sponsoring organization

Full Fee.....

Discount or Scholarship Granted, if any (Amt approved by & Date).....

Total Fee Paid.....TDS deducted, if any

Contact (Name, Address & Phone of a person to be notified in case of emergency)

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Payment particulars:

DD No.Dated.....

Bank.....Amount.....

If paid through Internet Transfer

Bank and branch from where the remittance has been sent.....

Dated Bank confirmation Number.....Amount.....

Labs done Earlier

Lab title.....Year.....Event..... Facilitators

Lab title.....Year.....Event..... Facilitators

Any other information

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Undertaking

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.

Signature _____



ISABS

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