

# 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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.....

Telephone .....Fax .....Email: .....

Residence Address

.....

.....

Telephone .....Fax .....Email: .....

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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