



**ISABS -Northern Region
NOMINATION FORM**

Lab (please tick one): **BLHP / ALHP** **Basis: Residential / Non-residential**

Name: _____

Gender _____ Age _____ Work Experience (Years) _____

Qualification _____ Profession _____

Mailing Address: _____

Telephone _____ Mobile _____ Email: _____

Name & Designation of Sponsoring Authority: _____

Organization: _____

Name, address & phone no. of the person to be contacted in case of emergency:

Payment Particulars:

Cheque / DD No. _____ OR, NEFT Transaction No. _____

Date _____ Bank _____

Amount: _____

(Cheque / DD may kindly be drawn in favour of "INDIAN SOCIETY FOR APPLIED BEHAVIOURAL SCIENCE" Payable at "Delhi")

Undertaking: IMPORTANT (Must be Signed by Participant Himself/Herself)

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, should not be nominated to attend the BLHP and ALHP labs as they can be intense. ISABS will not be responsible for any problems that may develop during or after participation in the lab. It is implicit therefore, that every participant joins the lab with informed voluntary consent and owns responsibility for his/her own health.

Signature of Participant _____

For ALHP Participants only: Please attach BLHP review form.

Details of LABS Done earlier: Year(s) _____ **Event(s)** _____

Facilitator/s _____