

## Nomination Form

Western Region Event | Tarang | Sep 30 – Oct 5, 2024

Name: \_\_\_\_\_ Organization name: (if employed) \_\_\_\_\_

Categories: Self-employed/ Student/ Homemaker/ Other \_\_\_\_\_ (pls specify)

Age (years): \_\_\_\_\_ Gender: Female /Male/ Other \_\_\_\_\_ (pls tick/specify)

Academic Qualification: [Optional] \_\_\_\_\_

For ALHP Participants : BLHP/ last lab completed on: \_\_\_\_\_ Facilitated by:  
\_\_\_\_\_ Recommended for ALHP Yes No (Please tick)

Postal Address:

Mobile no:

Personal E-mail id ( lab feedback will be sent to this id):

Accommodation preference (please tick (accordingly choose the fee option) :

Twin-sharing/triple sharing

Person to be contacted in case of Emergency: \_\_\_\_\_

Relationship with applicant: \_\_\_\_\_ Contact number: (landline/mobile) \_\_\_\_\_

E-Payment details: Payee Bank \_\_\_\_\_ Payment Date \_\_\_\_\_ Bank confirmation No. \_\_\_\_\_

Amount (in words) Rupees \_\_\_\_\_ only

Amount (numerals) INR \_\_\_\_\_/-

Please mark the language/s you can understand and speak (Mark 1, 2, or 3 based on your preference).

Put **X** if that language is not an option for you)

English Hindi Marathi

*I confirm that I have read the brochure of the WR Event Tarang, and would like to join as a participant taking full responsibility for my decision. I agree and accept the requirements detailed in 'Important Note to Potential Participants' given in the brochure.*