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| Nomination Form Spring Event February 2025 – March 2, 2025 |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: (if employed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Category: Self-employed/ Student/ Homemaker/ Other (Pl. specify) |
| Date of Birth: Gender: Female /Male/ Other (Please 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):  |  |
| Person to be contacted in case of Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship with applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |
| \* Payment details  |
| E-Payment details: Payee Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank confirmation number \_\_\_\_\_\_\_\_\_\_Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date \_\_\_\_\_\_\_\_\_\_ | Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Amount (in words) Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OnlyAmount (numerals) INR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/- |
|  *I confirm that I have read the brochure of the WR Spring Event 2025, and would like to join as a participant taking full responsibility for my decision. I agree to the requirements detailed in ‘Important Note to Participants’ given in the brochure.* |
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