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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Only  Amount (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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