# **ISABS NATIONAL WINTER 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)

………………………………………………………………………………………………………..

………………………………………………………………………………………………………..

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

**Residence Address**

………………………………………………………………………………………………………..

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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)

…………………………………………………………………………………………………..

**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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

