

**Indian Society for Applied Behavioural Sciences**

Southern Region,

Sangam 1st – 5th December 2021



**Nomination Form**

Name:

Lab Title: (BLHP/ALHP)

Gender: Date of Birth:

Profession: Work Experience (Years):

**Organization & Residential Address (Indicate preferred mailing address-please tick)**

Off. Address:

Telephone: Email:

Res. Address:

Telephone: Email

Sponsored by:

Organization Self:

**Emergency Contact:**

Name:

Address:

Phone/mobile:

**Details of Payment**

DD/Cheque No. Dated Bank Amount (INR)

NEFT

(DD/Cheque to be drawn in favour of “INDIAN SOCIETY FOR APPLIED BEHAVIOURAL SCIENCE” Payable at “Delhi”)

Southern Region bank account details: -

Account name: Indian Society for Applied Behavioral Science

Account number: 90482010083153

Canara Bank, Green Park Extension, 09 Community Center, Gulmohar Enclave

IFSC: CNRB0000350

***Mail this form to***

Ms. Hema Sekhar

575/Phase 2, The Empyrean, Chikka Tirupati

Whitefield - Sarjapur Road

Karnataka- 563130

**Email id- rc.south@isabs.org**

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| *CAUTIONARY NOTICE: 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.* |
| I have read the announcement of the Sangam event, including the cautionary COVID notice, and I am fully vaccinated, I undertake to fully follow specified government COVID protocols.  I would like to join as a participant taking full responsibility for my decision. |
| Signature: Name: Date: Place: |