



Delegate Form For Shishyans(Classes 10-12)

- (To be submitted by May 25, 2019 at the front desk of the senior building)

Delegation To HMUN INDIA, HYDERABAD , AUGUST 15- AUGUST 18, 2019

1. Name : _____
2. Class : _____
3. Date of Birth : _____
4. Father's Name : _____
5. Mobile No.: _____
Email Id : _____
6. Mother's Name : _____
Mobile No.: _____
Email Id : _____
7. Email Id of The Delegate : _____
8. Address : _____
9. Bus Stop And Bus No.: _____
Blood Group : _____
10. Allergies (If Any) : _____
11. Family Doctor's Name: _____
And Contact Number: _____
12. 14. Meal Preference : _____ Veg/ Non Veg:
13. 15. Prior MUN Experience: _____

CONSENT FORM

I _____ parent of _____, Class _____, give my consent for my ward's participation as a delegate in HMUN INDIA 2019 organised by The Harvard University in collaboration with Muncafe at Hyderabad , to be held from August15-August18, 2019 .I am enclosing a cheque of Rs 38,500 for Registration, Accomodation and Transportation dated ---
-----, in favour of The Shishukunj International School, Indore.

Name: _____ Signature: _____

Date : _____