



## Delegate Form For Shishyans(Classes IX - XII )

- (To be submitted by January 18, 2019)

### Delegation To WIMUN INDIA ,AGRA ,APRIL 29 - MAY 2, 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: \_\_\_\_\_

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### CONSENT FORM

I \_\_\_\_\_ parent of \_\_\_\_\_, Class \_\_\_\_\_, give my consent for my ward's participation as a delegate in WIMUN-INDIA 2019 organised by WFUNA in collaboration with MunCafe to be held at JAYPEE PALACE, AGRA from APRIL 29-MAY 02, 2019.I am enclosing a cheque of ₹35,000/- (for Accommodation, Registration,Transportation ) dated -----, in favour of The Shishukunj International School, Indore.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date : \_\_\_\_\_