



Delegate Form For Shishyans(Classes 9 and 12)

• (To be submitted by APRIL 20, 2018)

Delegation To HMUN INDIA ,HYDERABAD, AUGUST 12 to AUGUST15, 2018

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 2018 organised by HARVARD UNIVERSITY in collaboration with MUNCafe to be held from August12 – August 15, 2018 at Hyderabad Convention Centre . I am enclosing a cheque of ₹38,500 (for - Accommodation, Registration, Transportation) dated -----, in favour of The Shishukunj International School, Indore.I have visited the website www.hmunicode.org.

Name: _____ Signature: _____

Date : _____