

Application Form For The Bureau Of Shishukunj MUN 2020(Classes 10-12)

- (To be submitted by FEBRUARY 15 , 2020)

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. Meal Preference : _____ Veg/ Non Veg:

13. Prior MUN Experience: _____

CONSENT FORM

I _____ parent of _____, Class _____, give my consent for my ward's participation as a member of the Bureau of Shishukunjmun 2020 which is to be held in JULY 2020 .I assure his attendance in all the concerned workshops and meetings.

Name: _____ Signature: _____

Date : _____