



ISABS

NOMINATION FORM

Name: _____ Professional status: _____

(Employed, Homemaker, Student etc...)

Age (years completed): _____ Gender: Female /Male/ Other gender

Academic Qualification: [Optional] _____

Lab Applied for: _____

Address: (Office) _____ Address: (Residence) _____

Tel No:(Landline & Mobile) _____

Tel No:(Landline & Mobile) _____

E-mail id: _____

E-mail id: _____

Person to be contacted in Emergency: _____

Relationship with applicant: _____ Contact number: (landline/mobile) _____

Category Chosen: Double sharing basis Non Residential basis

Scholarship availed: Yes No

* Payment in favour of "Indian Society for Applied Behavioural Science, Kokata Region" payable at Kolkata

Banker's Cheque / Draft/ e-transfer No. _____ Dated: _____ Name of the Bank: _____

Amount (in words) Rupees _____ only

Amount(numerals)Rs. _____/-

* Please confirm your nomination after sending required fees and nomination form.

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 ISABS Anubhav III, 2017 event, including the cautionary notice and would like to join as a participant taking full responsibility for my decision.

Signature: _____

Name: _____

Date: _____

Place: _____