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| --- | --- | --- | --- | --- | --- | --- | --- |
| Nomination Form : Spring Event – March 14 – 19, 2023 | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization name: (if employed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Categories: Self-employed/ Student/ Homemaker/ Other (Pl. specify) | | | | | | | |
| Age (years): Gender: Female /Male/ Other (Please tick/specify) | | | | | | | |
| Academic Qualification: [Optional] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| For ALHP Participants – BLHP/ last lab completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facilitated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recommended for ALHP Yes No (Please tick) | | | | | | | |
| Postal Address:  Mobile no:  Personal E-mail id ( lab feedback will be sent to this id): | | | |  | | | |
| Person to be contacted in case of Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship with applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: (landline/mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
| \* Payment details | | | | | | | |
| E-Payment details: Payee Bank \_\_\_\_\_\_\_  Bank confirmation number \_\_\_\_\_\_\_\_\_\_  Cheque / Draft No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Dated: \_\_\_\_\_\_\_\_\_\_ | | Name of the Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Amount (in words) Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only  Amount (numerals) INR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/- | | | | | | | |
| Language Proficiency: Please tick as appropriate. | | | | | | | |
|  | **English** | **Hindi** | | **Marathi** | |  |  |
| Can speak |  |  | |  | |  |  |
| Can understand |  |  | |  | |  |  |
| *I confirm that I have read the announcement brochure of the Spring 2023 event, including*  `*Important note to potential participants’ in the brochure and would like to join as a participant taking full responsibility for my decision. I confirm that I have received at least 2 doses of the COVID vaccine. I agree to the requirements detailed in ‘note to participants’ above.* | | | | | | | |
|  | | | | | | | |