**INDIVIDUAL DELEGATE REGISTRATION FORM**

**A hardcopy of the Form along with payment (Cheque only) to be given to Shiv Nadar School Faridabad by - 20.07.2022**

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| **Student Name** |  |
| **School Name** |  |
| **D.O.B** |  |
| **Gender** |  |
| **Preferred Country** | **Preference 1** |
|  | **Preference 2** |
| **Preferred Committee** | **Preference 1** |
|  | **Preference 2** |
| **Any prior MUN experience?** |  |
| **Contact Details** | |
| **Email** |  |
| **Phone/ Mobile** |  |

**Note: We shall try to accommodate students according to these preferences, but the student**

**may be allocated in a committee outside of their preferences.**

Signature of Student Signature of Principal/ Faculty Advisor