**SCHOOL DELEGATION REGISTRATION FORM**

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

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| **School Name** |  |
| **Faculty Advisor Accompanying Delegates** |  |
| **School Address** |  |
| **Contact Number** |  |
| **Email** |  |
| **Number of Delegates you would like to register for each committee** | |
| **General Assembly Second Committee** |  |
| **World Health Organization** |  |
| **UN High Commissioner for Refugees** |  |
| **UN International Children's Emergency Fund** |  |
| **UN Commission on the Status of Women** |  |
| **Conference of the Parties to UNFCCC** |  |
| **Total Number of Delegates** |  |
| **Total Amount** |  |



Signature of Student Signature of Principal/ Faculty Advisor