* ***Instructions:Please print this form And fill it out in pen/type using BLOCK letters.  
  This letter is to be submitted in a single envelope along with the payment  
  proof and the waivers of liability.*To:  
  Manahill Imran  
  Director Registerations   
  JHMUN’ 17  
  Subject: Institutional Consent for participation at the JHMUN’ 17  
    
  This is to certify that (institute Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  
  recognises and allows the delegation   
  (Team ID)\_\_\_\_\_\_\_\_\_\_\_\_,  
  under head delegate \_\_\_\_\_\_\_\_\_\_\_\_\_,to participate at   
  JHMUN’ 17**

**The team consists of the following members:  
1. (Head delegate)  
2.  
3.  
4.  
5.**

**6.**

**It is hereby confirmed that the above mentioned delegates are students of this institution and will be officially representing the institution at JHMUN’ 17.  
  
DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
PRINCIPAL’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
PRINCIPAL’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**