Individual Delegate Registration Forms

**SBSMUN2018**

***Instructions :***

* The following form needs to be filled up and sent to sbsmun2k18@gmail.com by all delegates wishing to participate in the SBSMUN 2018.
* No other attached document apart from the contents of this form will be taken into account. Fill in the answers to all the questions in this form itself.
* *The subject of the email as well as the title of the Word document must be “Yourname\_Application.Individual”.*
* *All questions are mandatory.*

**CONFERENCE FEE**

*The fee is inclusive of meals, conference kit and conference facilities over the span of the 3-day conference.*

*Cheques to be drawn in favour of “Step by Step School”.*

*Please note: SBSMUN2018 must be printed clearly on the envelope.*

**1.  Personal Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **School** |  |
| **Contact No.** |  |
| **Email Address** |  |

**2. MUN Experience**

*Fill out the table below and add rows if required.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. NO.** | **MUN** | **INSTITUTION** | **POSITION**  **[IP/EB/OC/DEL]** | **AWARDS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3. Committee Preference in Specific Order**

*Fill out the table below and add rows if required.*

|  |  |
| --- | --- |
| **COUNCIL/COMMITTEE** | **COUNTRY/PORTFOLIO** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**FOR FURTHER DETAILS, PLEASE CONTACT**

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