



# CASI MAHA MODEL UNITED NATIONS – 3

March 09, 2020

## APPLICATION FORM: Academicians

### Important Notes:

Application forms is to be filled in CAPITAL only and in blue ink

Incomplete Application forms will be rejected.

Application forms have to be submitted on [casi.mahamun@gmail.com](mailto:casi.mahamun@gmail.com)  
Application once submitted cannot be withdrawn and no refund request will be accepted.

Application submitted does not guarantee a seat at the MUN. In case of rejections by our selection committee, full refund will be processed.

Accepted applicants will be intimated (via email) within 15 days of submission. Please carry a print of the same during the event.

Student delegates below the age of 18 cannot participate without a Management / Faculty Advisor or parent / legal guardian observer.

A Faculty / Management Advisor / Parent observer can have multiple delegates mapped under them.

We look forward to interacting with you soon.

Regards,

Secretary General  
CASI MAHA Model United Nations, 2020  
[www.maha-mun.com](http://www.maha-mun.com)

CASI Global New York

CSR Diary

Government of Maharashtra  
Departments involved:

Public Works Department

Environment Department

Pollution Control Board

Motor Vehicles Department

[casi.mahamun@gmail.com](mailto:casi.mahamun@gmail.com)  
[www.maha-mun.com](http://www.maha-mun.com)

+91 98339 77397

+91 81042 27743

+91 98335 70282

# CASI MAHA MODEL UNITED NATIONS

## **Application form: Academicians**



(TO BE FILLED IN CAPITAL)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (DD / MMM / YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mobile: \_\_\_\_\_

School / College Name: \_\_\_\_\_

School / College address: \_\_\_\_\_

Designation: \_\_\_\_\_

Email ID: \_\_\_\_\_

Participant Residential address: \_\_\_\_\_

\_\_\_\_\_

Have you attended MUN earlier: Yes / No.

If Yes, Please share details and year of the same: (use extra sheet if required)

\_\_\_\_\_

Details on your previous position paper? (Use extra sheet if required)

\_\_\_\_\_

\_\_\_\_\_

Applied for: **FACULTY ADVISOR / OBSERVER**

Preference towards any committee: **YES / NO**

If yes, please select upto 3 from the below list of committees available on [www.maha-mun.com](http://www.maha-mun.com)

My Preferred committees: (List of committees available on CASI MAHA MUN website)

1<sup>st</sup> : \_\_\_\_\_

2<sup>nd</sup> : \_\_\_\_\_

The final decision on your Committee will be made by the selection Committee and intimated to you. In case a committee is cancelled at the last minute, delegates will be reshuffled and informed at the earliest possible about their new committee and role.

Paste your latest  
passport size  
photograph here

# CASI MAHA MODEL UNITED NATIONS

## **Application form: Academician**



Applicant full name: \_\_\_\_\_

Are you currently on any medication: YES / NO.

If Yes, please specify the Medical history:

\_\_\_\_\_

### **Doctor Clearance Certificate:**

This is to certify that (Applicant name) \_\_\_\_\_ is medically fit to attend this two day event in Mumbai and is currently **not** on any medication.

(Please specify if currently on any medication: \_\_\_\_\_)

\_\_\_\_\_

### **Doctor Name, Signature and Stamp**

=====

**Payment Details:** CASI Maha MUN Fee: INR 3,500/- (Three Thousand Five Hundred Only)

Payment has to be made in the name: **CSR DIARY**

Demand Draft / NEFT Number : \_\_\_\_\_

Drawn on (Payment Bank) : \_\_\_\_\_

Payment Date : \_\_\_\_\_

**Account Name: CSR DIARY**  
**Bank: Bank of Baroda**  
**Address: RHB Road, Mulund West**  
**Mumbai – 400080**  
**Account number: 04070200001094**  
**RTGS / NEFT / IFSC Code: BARBOMULUND**

Attach a copy of any Government issued ID along with this Application form from the list below:

Please tick the one submitted: **PAN Card | Aadhar Card | Passport | Driving License**

**Research Paper / Article / Case-Study Submission:** (can be submitted in Absentia)

Topic: \_\_\_\_\_

Please use extra page if more than one Research Paper (INR 3,500 per paper)

# CASI MAHA MODEL UNITED NATIONS

## **Application form: Academicians**



Applicant full name: \_\_\_\_\_

**Liability Release form** has to be attached along with this Application Form.

I confirm that all the information provided by me in this Application form is correct and I agree to abide by the Terms and Conditions available on: [www.maha-mun.com](http://www.maha-mun.com)

In case any information is misrepresented by me, I understand that my Application will be cancelled and payment forfeited.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Alternate No.:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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