



CASI MAHA MODEL UNITED NATIONS

January 01, 2020

APPLICATION FORM: Working Professionals

Important Notes:

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

Incomplete Application forms will be rejected.

This application form is for CASI Maha MUN 2020: Working professionals can join us as Management Advisors, Moderators or Observers.

School and College students can join as Delegate / Chair a committee
Academicians can join as Faculty Advisors / Observer / Moderator.
Working professionals can join as Management Advisors / Observer / Moderator. Non-Working parents can join as Observers

Application forms have to be submitted on 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Application once submitted cannot be withdrawn and no refund request will be accepted.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 or a parent / legal guardian observer can have multiple delegates mapped under them.

We look forward to interacting with you soon.

Regards,

Secretary General

Government of Maharashtra–CASI Model United Nations, 2020

CASI Global New York

CSR Diary

Government of Maharashtra
Departments involved:

Public Works Department

Environment Department

Pollution Control Board

Tribal Development

Forest Department

Motor Vehicles Department

casi.mahamun@gmail.com
www.maha-mun.com

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+91 98335 70282

CASI MAHA MODEL UNITED NATIONS

Application form: Working Professionals



First Name: _____

Last Name: _____

Date of Birth (DD / MMM / YYYY) _____/_____/_____

Organisation Name: _____

Designation / Department: _____

Email ID: _____

Organisation address: _____

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)



CASI MAHA MODEL UNITED NATIONS

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Applicant full name: _____

You may list your preference below. The final decision will be made by the selection Committee and intimated to you

Applied for: **MANAGEMENT ADVISORS / OBSERVER / MODERATOR**

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

If yes, please select upto 3 from the list of committees available on www.maha-mun.com

My Preferred committees and country:

1st : _____
2nd : _____
3rd : _____

Please note: In case a committee is cancelled, delegates will be reshuffled and informed immediately about their new committee and role.

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Are you currently on any medication: YES / NO.

If Yes, please specify the Medical history:

Doctor Clearance Certificate:

This is to certify that (Applicant) _____ 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

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Applicant full name: _____

Payment Details: CASI Maha MUN Fee: INR 5,000/- (Five Thousand Only)

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

Demand Draft / NEFT Number : _____

Drawn on (Payment Bank) : _____

Payment Date : _____

Bank account details:

Type: Trust

Beneficiary Name: **CSR Diary**

Bank: HDFC Bank

Address: Jalaram Ashish, Devidayal Road,
Mulund West. Mumbai – 400080

Account number: 50200034335121

RTGS / NEFT / IFSC Code: HDFC0000652

Attach a copy of any Government issued ID from the list below:

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

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

Topic: _____

Please use extra page if more than one Research Paper (INR 5,000 per paper)

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

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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