



CASI MAHA MODEL UNITED NATIONS

January 01, 2020

APPLICATION FORM: Parent Observer

(For participants joining as Observers, not falling under any of the previous category)

Important Notes:

Application form 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: Participants joining us as Observers, not falling under any of the previous category.

Example: non-working parents, legal guardians, Senior citizens, etc.

Students can join as Delegate or chair a committee.

Academicians can join as Faculty Advisors / Observer / Moderator.

Working professionals can join as Management Advisors / Observer / Moderator. Non-Working parents, legal guardians, senior citizens, etc can join as Observers (and moderators in some exceptional cases*)

Application forms have to be submitted on casi.mahamun@gmail.com

Application once submitted cannot be withdrawn and no refund request will be accepted.

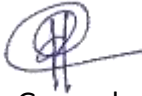
Application submitted does not guarantee a seat at the MUN. In case of rejections by our selection committee, full refund will be processed.

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 Legal Guardian / Parent can have multiple delegates 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

+91 98337 81267

+91 98335 70282

CASI MAHA MODEL UNITED NATIONS

Application form: Parent Observer

To be filled by participants joining us as Observers



First Name: _____

Last Name: _____

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

What do you currently do?:

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)



CASI MAHA MODEL UNITED NATIONS

Application form: Parent Observer

To be filled by participants joining us as Observers



Applicant full name: _____

Applied for: **OBSERVER**

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

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

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

My Preferred committees:

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

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

=====

Are you currently on any medication: YES / NO. Please specify if Yes: _____

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

=====

CASI MAHA MODEL UNITED NATIONS



Application form: Parent Observer

To be filled by participants joining us as Observers

Applicant full name: _____

Payment Details:

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

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

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: BARB0MULUND

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

Tick the one submitted by you: **PAN Card | Aadhar Card | Passport | License**

Liability Release form has to be attached along with this Application Form. I confirm that all the information provided by me in this Application for is correct and I agree to abide by the Terms and Conditions available on the website: 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: _____

~ end of document ~