



CASI MAHA MODEL UNITED NATIONS - 3

March, 09, 2020

APPLICATION FORM: Student Delegate

Important Notes:

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

Incomplete Application forms will be rejected.

School and College 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 citizens (homemakers, senior citizens, etc) can join us as Observers.

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

Application once submitted cannot be withdrawn and no refund request will be accepted.

Submission of application 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:

Public Works Department

Environment Department

Pollution Control Board

Motor Vehicles Department

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

+91 70456 51220
+91 98335 70282

CASI MAHA MODEL UNITED NATIONS

Application form: Student Delegate



First Name: _____

Last Name: _____

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

Email ID: _____

School / College name: _____

School / College address: _____

Mobile Number: _____

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)

My Preferred committees and country: (list available on www.maha-mun.com)

1st : _____

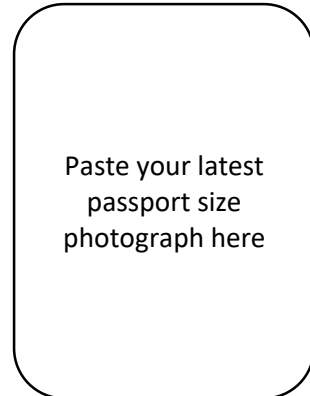
2nd : _____

3rd : _____

Note: The final decision will be made by the selection Committee and intimated to you.

Applied for:

DELEGATE / CHAIR



Paste your latest
passport size
photograph here

CASI MAHA MODEL UNITED NATIONS

Application form: Student Delegate



Applicant full name: _____

I wish to participate as a 'Silent delegate'
(Won't be participating in committee discussions)

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

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

=====

Name of **Registered** Faculty / Management Advisor or Parent: _____

Contact details (Mobile): _____

Working with: (School / College / Organisation name): _____

CASI Maha MUN registration number: _____

Note: A school student delegate below the age of 18 cannot participate without a participating Faculty / Management Advisor / Parent / Legal Guardian.

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

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

CASI MAHA MODEL UNITED NATIONS

Application form: Student Delegate



Applicant full name: _____

Payment Details: 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

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

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 | Driving License**

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: _____

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