

## The International Award for Young People,

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### APPLICATION FORM

For enrolment as a candidate for All India Residential Project Camp at Coorg Public School, Mysore

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

Address : \_\_\_\_\_

Telephone : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Occupation : \_\_\_\_\_

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

Next to kin : \_\_\_\_\_

Any known allergy to drugs-  
or chronic disease : \_\_\_\_\_

The entries have been made by me and they are true and correct. I agree to abide by the direction of the Instructor at all times during the course of training. In case of any accident, injury or illness, I will not hold the Organization or any of its members wholly or partially responsible.

Place :

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

Signature of applicant

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### PARENT'S CONSENT

I hereby certify that all the above entries are correct in every respect. In case of any accident/ injury or illness, I will not hold the Organization or any of its members wholly or partially responsible.

Place :

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

Signature of the Parent/ Guardian\*

\* For minors only.

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### CERTIFICATE OF INSTITUTION

I certify that Mr./ Miss./ Mrs. \_\_\_\_\_

is a student / member of \_\_\_\_\_

and that the particulars mentioned above are correct to the best of our knowledge.

\_\_\_\_\_  
Signature of head of the institution / club

Date