



DHIRUBHAI AMBANI
INTERNATIONAL SCHOOL

SAVE! SUSTAIN! SURVIVE!
THE WORLD IS IN YOUR HANDS

Young Round Square Conference

9-12 October 2014



REGISTRATION FORM

Name of the Delegate:

Name of the School:

Gender (Male / Female): Date of Birth: (DD/MM/YYYY)

T- Shirt Size: (Small/Medium/Large/X-Large)

Passport Number: (Only for Delegates from outside India) Passport Expiration Date: (DD/MM/YYYY)

Emergency Contact Person:

Emergency Contact Number: Emergency Contact Email Id:

Dietary Preference: (VEG/NON-VEG/JAIN)

Dietary Restrictions:

Photo (JPEG) : Please send delegate's photo along with filled form in jpeg with his/her name in filename on the mail id given below.

INFORMATION FOR CORRESPONDENCE

Name of Parent / Guardian: Relationship with Delegate:

Cell / Mobile Number: Residence Number (Affix Country / City Code)

Email address of Parent/Guardian:

ALTERNATIVE CONTACT :

Name of Parent / Guardian: Relationship with Delegate:

Cell / Mobile Number: Residence Number (Affix Country / City Code)

Email address of Parent/Guardian:

(This form is an editable PDF. Please fill the details and mail back to 3s.dais@gmail.com)