



DELEGATE APPLICATION FORM 2025

P E R S O N A L D E T A I L S

NAME

EMAIL

COUNTRY OF BIRTH

DATE OF BIRTH

DIET REQUIREMENT

EMERGENCY CONTACT NAME

FAMILY NAME

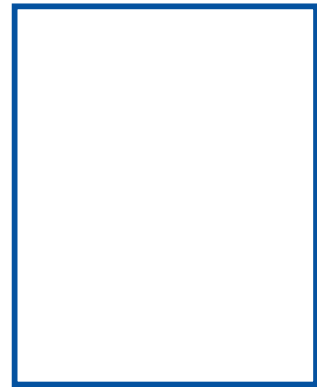
GENDER Male Female **CELL PHONE NUMBERS**

NATIONALITY

AGE **HEIGHT IN CM**

SIZE FOR T-SHIRT

EMERGENCY CONTACT NUMBER



(Click on the box and insert a clear background photo)

I M P O R T A N T D E T A I L S

Please write your name in **BLOCK LETTERS** in this section. Information entered will be transferred to your Conference Badge and Certificate. There will be an administrative fee of USD20.00/- if you require us to replace your photograph on the Conference Badge or to amend your Name on the Certificate. Please attach a recent photo with a clear background together with this application.

NAME ON CONFERENCE BADGE (Use Short Name)

NAME ON CERTIFICATE

E D U C A T I O N A L L E V E L

CURRENTLY ENROLLED AS Undergraduate (BA, BSC, etc.)

Graduate (MA, MSC, etc.)

Doctoral (PHD, etc.)

YEAR OF STUDY 1st year

2nd year

3rd year and above

MAJOR FIELD OF STUDY

SECONDARY FIELD OF STUDY (If applicable)

UNIVERSITY

FACULTY

WHAT SOCIAL ISSUE AFFECTS YOU PERSONALLY?

WHAT CAN YOU DO TO PROMOTE POSITIVE SOCIAL CHANGE?

WHAT DO YOU HOPE TO ACHIEVE FROM ATTENDING THE SYMPOSIUM?