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| Programme: **\*** (Strikethrough whichever not applicable) | PGL / Phase-I (PDP-PI) |
| Name: |  |
| Residential Address: |  |
| Organisation / Designation: (if applicable) |  |
| Email Id: (Preferably personal) |  |
| Cell number:  (Preferably personal) |  |
| Emergency contact number: |  |
| Date of Birth: |  |
| Food preference: **\*** (Strikethrough whichever not applicable) | Vegetarian / Non-Vegetarian |
| Specific food allergies: (Please specify, w*e will try to accommodate)* |  |
| Course fee payment: (Please give details of amount, mode of payment and date remitted) |  |

I am attending the PGL / Phase-I (PDP-PI) out of my own choice and am given to understand that the nature and content of this Lab may cause some emotional stress. I am also declaring that I am not undergoing psychiatric treatment at this point of time and **if so, I have consent from my Doctor [Please send us a scanned copy] to attend such a PGL / PDP-PI**.

Please affix signature above Name