

## DELEGATE APPLICATION FORM 2025

		P	E F	₹ \$	8 (	) h		A	L		D	E	T	A	I	L	S	
GIVEN NAME							FAM	ILY NA	ME									
EMAIL							CELL	. PHON	IE NUM	BER								
COUNTRY OF BIRTH							GENI	DER	◯ Ma	le 🔘	Female							
DATE OF BIRTH						NATI	NATIONALITY											
DIET REQUIREMENT							AGE											rait photo with
EMERGENCY CONTACT NA	\ME						EME	RGENC	CY CON	TACT NU	JMBER						clear bac	kground)
	I	M	P	0	R	T	A	N	Ţ		D	E	Ţ	A	-1	L	S	
Please write your name in USD20.00/- if you require u with this application.																		
NAME ON CONFERENCE E	BADGE	(Not m	ore tha	15 ch	aracter	s)				NAMI	ON CEF	RTIFICA	TE .					
	E	D	U	C	A	T	I.	0	N	A	L		L	E	V	E	L	
CURRENTLY ENROLLED AS	3		○ U	ndergra	duate (B	A, BSC, e	etc.)			◯ G	raduate l	(MA, MS(	C, etc.)				Joctoral (PHD, etc.)	
YEAR OF STUDY  MAJOR FIELD OF STUDY			<u> </u>	st year						_	nd year NDARY F	IELD OF	STUDY	(If app	licable	_	Brd year and above	
UNIVERSITY									_	FACUL	TY							
									_									

HOW WOULD YOU DEFINE PEACE?
WHAT CAN YOU DO TO PROMOTE PEACE-BUILDING?
WHAT DO YOU HOPE TO ACHIEVE AS A HUMANITARIAN AFFAIRS PEACE AMBASSADOR?