



# “ Rights and Responsibilities ”

THE SCINDIA SCHOOL, FORT, GWALIOR, MP, INDIA  
 SENIOR REGIONAL (SA & G) ROUND SQUARE CONFERENCE  
 19 December 2011 to 23 December 2011

Photograph  
 of the  
 Delegate

## DELEGATE INFORMATION FORM

Name of the School			
Name of Delegate			
Class		Date of Birth	
Blood Group		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email			
Contact details of Parents	Name		
	Address		
	Telephone		
	Mobile No.		
	E-mail		
Dietary requirements	Veg <input type="checkbox"/> Non Veg <input type="checkbox"/> Any special requirement -----		
Medical history (operations or serious illnesses)			
Are you taking any medication			
Please list any allergies you have			
Medical Insurance Policy no.& details			
<b>For Foreign delegates only</b>			
Passport No.		Date of expiry	
Place & Date of Issue			

**Foreign delegates please send a copy of your passport**

\_\_\_\_\_  
 Name and signature  
 RS REP

Contact No. \_\_\_\_\_

