

DELEGATE APPLICATION FORM 2025

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GIVEN NAME								FAMILY	NAME												
EMAIL							[CELL PH	ONE NU	IMBER											
COUNTRY OF BIRTH								GENDER		Male (◯ Fem	nale									
DATE OF BIRTH								NATION	ALITY												
DIET REQUIREMENT								AGE											(Click on	the box and	
EMERGENCY CONTACT NAME						EMERGENCY CONTACT NUMBER										insert your po		vith			
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Please write your name in USD20.00/- if you require us with this application.																					
NAME ON CONFERENCE B	ADGE	(Not m	nore th	an 15 cl	naracto	ers)				N/	AME ON	CERTI	FICATE								
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CURRENTLY ENROLLED AS			\bigcirc	Undergr	aduate	(BA, BS	SC, etc	:.]		\circ	Gradu	ate (MA	ı, MSC, o	etc.)			\bigcirc	Doctor	al (PHD, etc.		
YEAR OF STUDY			\bigcirc	1st year						\circ	2nd ye						_	3rd yea	ır and above		
MAJOR FIELD OF STUDY										SE	CONDA	RY FIEL	D OF S	TUDY ((If app	licabl	e)				
UNIVERSITY										FA	CULTY										

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?