



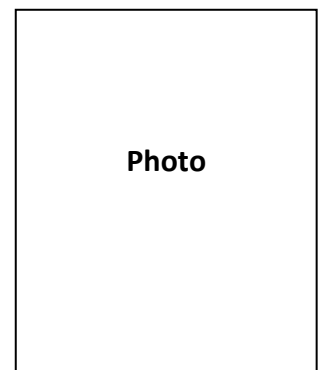
INSTITUTE OF PROFESSIONAL LIFE GUARDS

B – 59, 2ND FLOOR, VIVEK VIHAR, PHASE – II, Ph. 9212559792, 9999600552

Website: www.iplg.org.in, Email id: sanjeevsharma@iplg.org.in

Registration Form

To,
The Director,
IPLG, Delhi – 95



Dear Sir,

I _____ would like to apply myself for the conferment of the
_____ Award under the category of
_____ Awards.

This is to confirm that the undersigned will attend the award function and receive the award in person on 27/12/2020 at New Delhi (if COVID – 19 guidelines allow such function) or through a webinar on that date following the COVID – 19 guidelines issued by the Government of India.

Name: _____ Age: _____ years Sex: Male / Female

Qualification for the award: _____

Name of Organisation: _____

Address of Organisation: _____

Telephone of Organisation: _____ Designation: _____

Email of applicant: _____

The applicant can attend the function with one guest only

Name of the guest: _____ Age: ____ years Sex: M / F

I understand that the award has no fee attached to it. However, I will remit the processing fee along with the event organising and copyright fee after the approval of the candidature.

Thank You,

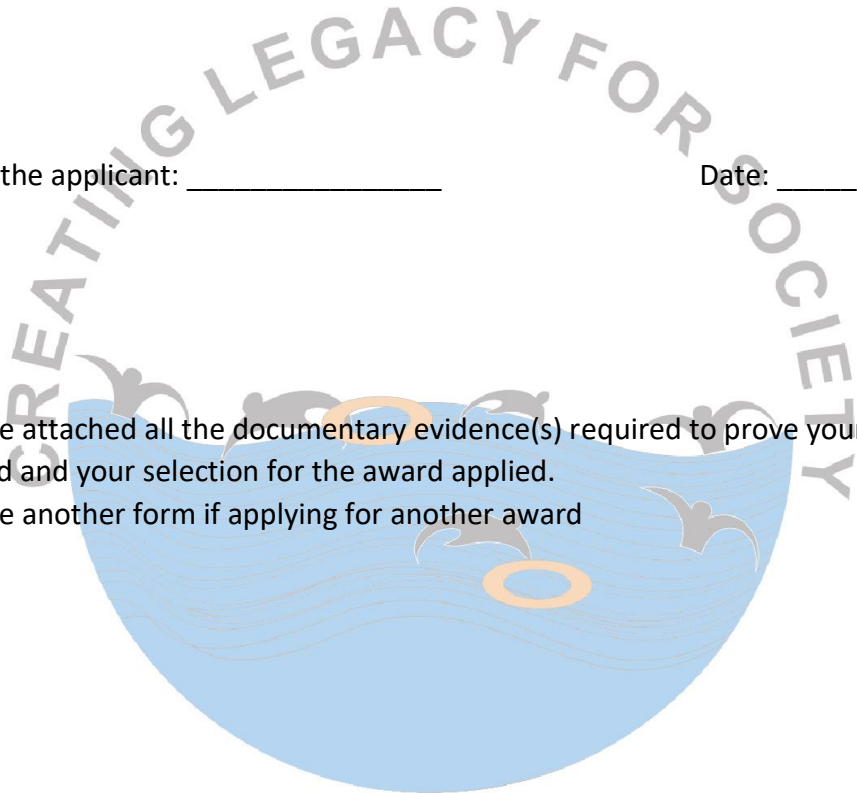
Yours Sincerely,

Signature of the applicant: _____

Date: _____

Note:

1. Please attached all the documentary evidence(s) required to prove your claim for the award and your selection for the award applied.
2. Please another form if applying for another award



Annexure

Please answer the following questions:

1. Why you think this award shall be conferred to you?

2. Why you have chosen this award under the said category?

3. If the panel find you suitable to be awarded under some other category than you have chosen, will it be acceptable by you?

