

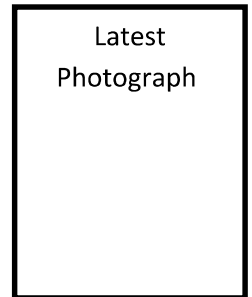


A Rehabilitation Centre for Children with Special Needs

Registration Form for "Certificate course on Specific learning disability"

Personal Information

Teachers Others



Organization Name : _____

Name : _____

Father's/Husband's Name : _____

Residential Address : _____

Contact No. : _____

E-mail Address : _____

Payment Details : Rs. _____ in Cash/Cheque Number _____

: Dated _____ drawn on _____ Bank.

Availing early bird or organizational discount : Yes/NO

Note:

1. Kindly attach a copy of Self-attested address and ID Proof of individual.

For Office Use only

Receipt:

We acknowledge the receipt of Rs. _____ in Cash/Cheque, having number _____ dated _____ drawn on _____ Bank. The seat will confirmed only after the realization of above mentioned cheque.

Authorized Signatory