

APPLICATION FORM FOR NATIONAL WORKSHOP
ON
RESEARCH METHODS IN SPECIAL & INCLUSIVE EDUCATION AND
DISABILITY REHABILITATION
1st - 3rd October 2018

Paste Passport
Size colour Photo

1. Name :
2. Father's name :
3. Educational Qualification :
4. Professional Qualification :
5. Pursing Phd : yes/no
6. If yes then University/topic :
7. Whether registered with RCI : yes/No
8. If yes, then RCI, CRR No :
9. Age/DOB :
10. Gender :
11. Category :
12. If PwD then mention :

13. Address of Communication :

14. Present residential address :

15. Mobile no :

16. Email :

17. Employed : yes/No

18. If yes, designation :

19. Address of the organization :

20. Working since :

21. Signature :

22. Date :

23. Registration fees:

Non Residential: Rs.1800/-

Residential (Twin Sharing) with

B/F & Dinner: Rs. 5000/-

24. Payment can be made through online to the following details

Name of the Bank : IndiaBank. **Name of the Branch** :
Kovalam.

Account Number : 761297290/NIEPMD **IFSC No** :
IDIB000K122

Annexures

a) **Research completed if any** :

b) **Research in Hand if any** :

c) **Publications if any** :