

**CENTRE FOR DISABILITY STUDIES
POOJAPURA
(A unit under LBS Centre for Science and Technology)**

**THREE DAY WORKSHOP ON CHILD DEVELOPMENT THROUGH
HORTICULTURAL THERAPY
30-07-2014 TO 01-08-2014**

REGISTRATION FORM

Name :

Address (Personal):.....

.....

Address (Official):.....

.....

Designation :.....

Basic Pay & Scale of Pay.....

Education Qualification.....

Phone (Office) :..... Phone (Mobile).....

Email :

Date of Birth :Gender : Male / Female

Course handled for students with disability.....

**Kindly mark the students you deal with: Autism / ADHD / Visual / Hearing /
Speech / Locomotor / Intellectual / Learning Disability / Cerebral Palsy / Dyslexia /
Autism / Downs Syndrome / Dyspraxia / Behaviour Disorder / Others.**

Place

Date

Signature

.....
Recommended

Place

Signature

