

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

WORKSHOP FOR FACULTIES

REGISTRATION FORM

Name :

Gender : Male/ Female

Address (Personal):

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Address (Official):

.....

Designation :

Education Qualification :

Basic Pay & Scale of Pay :

Phone (Office) : **Phone (Mobile) :**

Email :

No. of differently abled children in your school :

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

Place :

Date :

Signature/-

.....

Recommended

Place:

Signature/-

