

NATIONAL CONFERENCE ON INCLUSIVE EDUCATION

23RD TO 25TH JANUARY 2017

Workshop Registration Form

Name (1) : _____

Designation: _____

Name (2) : _____

Designation: _____

Name (3) : _____

Designation: _____

Name of the Institution:

Mailing Address: _____

Telephone: _____

Mobile: _____

Fax: _____

E-mail: _____

Registration Fee Details:

Registration Fees	DD Number	Amount	Issuing Bank

Signature of the Head of the Institution :