



**REGISTRATION FORM**

**NATIONAL CONFERENCE ON ARTS, RECREATION & RIGHTS OF PERSONS WITH DISABILITY**

**15<sup>TH</sup> January 2019, Institute of Engineers, Bhubaneswar**

**NAME OF THE PARTICIPANT:**

**QUALIFICATION:**

**PROFESSION:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**CONTACT DETAILS:** \_\_\_\_\_

**TELEPHONE NO AND EMAIL:** \_\_\_\_\_

**ARE YOU A PERSON WITH DISABILITY: YES/NO**

**TYPE OF DISABILITY – LOCOMOTOR/VISUAL/HEARING/ANYOTHER (Please Mention the disability):**

\_\_\_\_\_

**PLEASE MENTION IF YOU USE WHEELCHAIR/ANY MOBILITY/HEARING AIDS/ANY OTHER AIDS**

**(If you have a disability and require special assistance, please inform us by attaching your requirements to this form or call- 06742360630. 9238111127, 9748475009)**

\_\_\_\_\_

**ARE YOU REPRESENTING ANY ORGANIZATION: YES/NO**

**IF YES, PLEASE MENTION THE NAME OF THE ORGANIZATION:** \_\_\_\_\_

**NATURE OF ORGANISATION: BUSINESS/SOCIAL/ACADEMIC/CORPORATE/ANY OTHER PLS SPECIFY**

\_\_\_\_\_

**YOU HAVE PAID THE CONFERENCE FEES IN - DD/NEFT/CASH**

**(Please provide the bank transfer/cheque copy at the registration desk if you have paid the fees earlier by DD/NEFT)**

**SIGNATURE OF THE PARTICIPANT:**

**PLACE:**

**DATE:**