



**XIII International Training Course on Disability & Development**  
**8<sup>th</sup> – 15<sup>th</sup> September 2011, Bangalore**

**NOMINATION FORM**

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**SEX:** \_\_\_\_\_

**PASSPORT NO.:** \_\_\_\_\_

*(Only for Non-Indian participants)*

**DESIGNATION:** \_\_\_\_\_

**ORGANISATION complete address :**

\_\_\_\_\_  
\_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email :** \_\_\_\_\_

**DURATION OF SERVICE IN THE PRESENT ORGANISATION:** *Yrs / months*

\_\_\_\_\_

**NATURE OF RESPONSIBILITY IN THE PRESENT ORGANISATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**TYPE OF TRAINING/EXPOSURE UNDERGONE IN DISABILITY WORK SO FAR (INCLUDING INSTITUTION WHERE SUCH AN ENDEAVOUR WAS TAKEN)**

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**EXPECTATIONS OF THE PARTICIPANT IN THE PROPOSED COURSE:**

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**ARE YOU A PERSON WITH DISABILITY?                      YES       NO**   
(If yes, kindly inform us if any form of arrangement has to be made)

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Are you a lactating mother and wish to bring your child (if yes, kindly inform us, so that we can be prepared) : \_\_\_\_\_

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**DETAILS OF PAYMENT OF COURSE FEE: \_\_\_\_\_**

**SIGNATURE OF THE PARTICIPANT: \_\_\_\_\_**

**AUTHORISATION / ENDORSEMENT OF THE AGENCY/HEAD OF THE INSTITUTION:**

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