

**State Level Conference on Rights of Persons with Disabilities Act 2016 -
Implications for Persons with Disabilities. 23 - 24 Jan 2019**

Registration Form - Please fill One form for each person

Name of Participant: Dr/Mr./Ms /Mrs

Age: years. Gender: Male/Female/Others. Working Experience: years.

Category: SC/ST/OBC. PwD: Yes/No.

Qualifications: RCI No:

Address:

..... PIN: Aadhaar No.

Email id..... MobileLandline.....

Registration fee: Rs.1000. Hostel Accommodation Rs 800 for 2 days (stay + breakfast + dinner)
Hostel accommodation subject to available. Please apply early.

Details for NEFT transfer: Name of Acct. **SRM Hospital and Research Centre**, Bank: **City Union
Bank Ltd** Branch: **Tambaram** Acct No. **117 109 00 00 31456**, IFSC: **CIUB0000117**.

In the Remarks column, please mention '**PwD workshop**' or '**PwD workshop + Hostel**'

Kindly send the scanned copy of the bank intimation, or UTR number, along with this
Registration form by e-mail.

Bank ref. no. UTR Bank Branch Date

Signature of participant

For Official Use

Registration No. allotted:

Signature of the Co-ordinator

Address for sending the Registration form

Department of Audiology & Speech Language Pathology
SRM Medical College Hospital & Research Centre SRM Institute of Science & Technology
Kattankulathur, PIN: 603203, Kanchipuram District, Tamilnadu
Email: srmdaslp@gmail.com