



**Three-days**  
**Rehabilitation Council of India Approved**  
**Continuing Rehabilitation Education (CRE) programmes**

on

**Understanding Learning Disability: Assessment, Diagnosis and Intervention**

Organized by

**Centre for Disability Studies and Educational Research,**

**School of Education**

**Netaji Subhas Open University**

\*\*\*\*\*

**Date:** - 7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup> February, 2020

**Time:** - 9:30 a.m. to 5.00 p.m.

**Venue:** -Netaji Subhas Open University, Regional Centre, Kalyani  
 Ghoshpara Station Road, Kalyani, Nadia - 741 235.

**REGISTRATION FORM**

Full Name (CAPITAL LETTER)			Mobile Number		
Qualification			Food Preference (Please Tick)	VEG NON-VEG	
Name of the Organization			Designation		
Non-Rehab Professional (Please Tick)	Teacher	Parents	Any Others (Mention)		
For Rehab Professional CRR No		Year of Registration		Specialization Area	
Email Address					

<p style="text-align: center;"><b><u>Payment Details</u></b></p> <p>The participant may deposit Rs.1800/- through NEFT</p> <p><b>Bank Details</b>          Name of Bank: - Allahabad Bank.          Branch – Salt Lake City          Account Name:- CDSER          A/C No – 50448102659 &amp; IFSC Code – ALLA0211829</p> <p><b>or Cash to the Office</b>          School of Education          NETAJI SUBHAS OPEN UNIVERSITY          CF-162, Salt Lake City, Sector – 1, Kolkata – 700 064          Near 6 No Tank Opposite to SUBHANNO Building          Time: Monday to Friday, 11 am to 4pm          Closing Date: 4<sup>th</sup> February.2020 (Availability of Seats)</p>	<p style="text-align: center;"><b>If pay in BANK (Please Mention)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name of The Bank</th> <th style="width: 25%;">Branch</th> <th style="width: 25%;">UTR NO</th> <th style="width: 25%;">Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Registration Form (Scan Copy)          Self – Attested CRR Copy (RCI Registration Scan Copy)          Bank Deposited Slip (Rs. 1800/-) along with UTR No (Scan Copy)          Submit through the mail: <b>swapna14deb@yahoo.co.in</b></p> <p style="text-align: center;"><b>Concern Person: Smt. Swapna Deb(9830913935)</b></p>	Name of The Bank	Branch	UTR NO	Date				
Name of The Bank	Branch	UTR NO	Date						

**Participant's Signature with date**

**Place: -**