

# SOPAN

Society of Parents of Children with Autistic Disorders

Society Reg. No. 1129/02/GBBSD/Mum./Mah.  
Public Charitable - Trust Reg. No. F-24585

## Short Term Certificate Course on Autism Spectrum Disorders 2010 Registration Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Professional/Student/Any other: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Contact no/Mobile: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Work experience:

Name of Institute	Period	Category (MR,CP,VI,HI,ASD)

Present Working Address & Contact no: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Mode of payment: Cash/Bank Draft no. \_\_\_\_\_

Drawn on: \_\_\_\_\_

**\*Forms to be submitted by 5th August 2010 between 9:00am to 4:00pm (Mon to Fri)**

**at the below given address**

**Samarpan Centre for Autism Spectrum Disorders  
BMC School Building, Natwar Nagar, Road No.5,  
Opposite Ashok Thakur Compound, Jogeshwari(E),  
Mumbai – 400 060.**

**Contact no: 6504 3998, 98196 64455**

**\*Attested copies of mark sheet should be attached**

**For details log on to [www.sopan.org](http://www.sopan.org)**