

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 2009 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 7th July 2009 between 9:00 to 12:00(Mon to Fri)

at the below given address

Samarpan Centre for Autism Spectrum Disorders

M.G. Road Municipal School, 3rd Floor,

M.G. Road, Vile Parle (E),

Mumbai - 400057

Contact no: 650 43 998, 9819664455

*Attested copies of mark sheet should be attached

For details log on to <http://www.sopan.org>