



REGISTRATION FORM

Name:

Institution :

Address :

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Contact Address:

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*Email:

Mobile number:

Degree /Diploma in Special Education? Yes/ No

Please mail this form to

Christina Jebarani

Pearson Clinical & Talent Assessment

1st & 3rd floor, Alfa center , Unit B,

20, Koramangala Inner Ring Road

Bangalore-560 047

Phone: +91(080)4215 3437

Fax: +91(080) 4215 3438

*Confirmation will be e-mailed upon receipt of this form & Cheque

Signature of the candidate.....

Date

Registration Fee: **Rs 1,500/- per participant** should be sent through Cheque payable to **"NCS Pearson India Pvt Ltd"** along with the registration form.