

Nomination Form*

Five Days' course on "Wheelchair Service Training Package- Basic level (WSTP-B)"

Venue: MOBILITY INDIA, 1st & 1st "A" Cross, J.P.Nagar 2nd Phase, Bangalore 560078

Course dates: 8th February to 13th February, 2016 (Extended one day for online test)

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other
Full Name (Capital letter)				
Name for the Certificate (Capital letter)				
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Occupation:				
**Professional Qualification:				
Organisation/ Hospital TYPE	GOVT. <input type="checkbox"/>	NGO <input type="checkbox"/>	CORPORATE <input type="checkbox"/>	
No. of years of Experience:				
Organisation/ Hospital NAME				
Address				
Telephone number	Mobile:		Work:	
Email address	Personal		Official	
Website	www.			
Are you involved in Community Based Rehabilitation (CBR)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you currently involved in wheelchair service and training delivery?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

<p>How would you rate your experience in wheelchair service delivery?</p>	<p>No experience <input type="checkbox"/></p> <p>Some limited experience <input type="checkbox"/></p> <p>Very experienced <input type="checkbox"/></p>	<p><i>Comments:</i></p>
<p>Write the reasons for attending this course and your future plans in related to Wheelchair service provision</p>		
<p>Please indicate if you do or do not require accommodation***</p>	<p>Accommodation required <input type="checkbox"/></p>	<p>Accommodation not required <input type="checkbox"/></p>
<p>If you have a disability please let us know if you require any special assistance</p>		
<p>Recommended by HOD/ Concerned reporting officer</p>	<p>NAME: Signature: Date and time: Office seal:</p>	

- Thank you for completing this nomination form.
- Please send us the duly filled in nomination form approved by the department in-charge or concerned authority, to academicdept@mobility-india.org at the earliest.
- The selection committee decision will be final. You will be contacted to confirm your participation for the course.

*** Filling the nomination form does not guarantee your confirmation for participation**

****Kindly attach copies of the professional qualification certificate/s**