



ICRC



Registration Form

One Day Orientation workshop on International
classification of Functioning, Disability and Health (ICF)
20th February 2016

Full Name (Capital letter)		
Name for the Certificate (Capital letter)		
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Professional Qualification:		
Occupation:		
Name and address Organisation/Hospital/Institution you work		
Telephone number	Mobile:	Work:
Email address	Personal	Official
Payment details:	*DD no: _____ Amount: INR:1200/- Bank: _____ Date: _____	

***Draw Demand Draft in favour of Mobility India payable at Bangalore**