



ORKIDS FOUNDATION - A Society registered under the Societies Registration Act 1860

Admission Form

IMPORTANT: Filling this form does not guarantee admission.

Please enclose self-attested Academic / Professional qualification and service experience. Include Class X and XII marksheets, graduation marksheet and migration certificate.

Kindly paste a Recent self signed passport size photograph

Please tick the course you are applying for:

- Post Graduate Diploma in Management of Learning Disabilities
Special Education Needs Coordinator Distance Learning Course
Hands-on Training Course
Instructional Program in Learning Disabilities
Shadow Smart Certificate Course

Name of the applicant: Date of birth:

Marital status: Name of father/spouse:

Address:

Telephone/Mobile: E-mail:

Educational qualification: starting from most recent.

Table with 5 columns: Institution, Year, Board, Subject, Division

Work experience (if any): Starting from most recent. Please include any voluntary work done.

Table with 3 columns: Institution, Year, Description

Why do you want to pursue this course? {Not more than 100 words}

Four horizontal lines for text input

If you are not contacted within one week of registration, please call on the numbers mentioned below.

DECLARATION BY THE APPLICANT

I hereby declare that all statements made in this application are true completed and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my registration is liable to be cancelled.

FOR MORE INFORMATION, CONTACT US AT

E-66, Suncity
Sector 54, Gurugram
Haryana 122001
Ph : 0124 4006232; 9811633346

E-mail : info@orkids.in Website : www.orkids.in

Applicant's signature