



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 writing the answer to the previous question.

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

16/7, Kalkaji
New Delhi - 110019
Ph : 011-40529564, 9811633346

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

Applicant's signature