

REGISTRATION FORM FOR CRE

CRR No. _____ Date of Registration ____/____/____

1. Name of the participant: _____
2. Father's/Husband's name: _____
3. Name & Address of the Organisation: _____
4. Designation: _____
5. Academic /Educational Qualification: _____
6. Name of the CRE Programme to be attended: _____
7. Dates of the CRE Programme: _____
8. Details of experience: _____
9. Details of CRE Programmes attended since last renewal: _____
10. Mobile Number & E-mail ID: _____
11. Communication Address: _____

Date:

Signature of the Applicant

Note:-

1. Filled in Registration form alongwith a photocopy of RCI registration certificate should reach to the Officer Incharge, Composite Regional Centre for Persons with Disabilities, Near Mahamaya Temple Sundernagar, Distt. Mandi, (HP) Pin 175018 either through speed post or through email crcsnr@gmail.com
2. The participation seats are limited and the confirmation shall be on first come first serve basis in the CRE Programme.
3. Your participation will be subject to confirmation from the Officer Incharge.
4. Registration fee @ Rs. 240/- per day per person will be charged as per Rehabilitation Council of India norms. Registration fee shall be as per the norms of RCI, New Delhi.
5. Any changes of schedule of CRE programmes will be intimated through our website www.crcsnr.org