

NATIONAL CONFERENCE ON EXAMINATION REFORMS FOR INCLUSIVE EDUCATION
23rd and 24th August, 2016
REGISTRATION FORM

1. **Your professional status:** [Choose one]:

<i>School Head</i>	<i>Teacher</i>	<i>Special Educator</i>	<i>Rehab. Professionals</i>	<i>Parent</i>
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2.	Name in Full	
	Designation	
	Qualification/s	
	Rehabilitation Qualification [if applicable]	
3.	Full name of School	
	School Affiliation No:	
	Complete Address of School/Organization with Street, City/Town/ District, State/Pin code	
4.	Contact No: [Mobile]	
	Office Contact no:	
5.	e-Mail ID	

6.	Areas of Experience	No. of years
	General Education	
	Special Education	
	Inclusive Education	

7. Number of children with special needs (CWSN) in your School / Organisation								
Type	MR	HI	VI	OH	ASD	CP	Low Vision	Dyslexic
No:								

8.		No.
	Number of conferences attended	
	Number of published research papers	

9. Expectation/s from the conference:

10. Your queries: (if any)

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11. Choose by ticking against the sub-theme of conference in which you are willing to share your ideas.

1	DECODING INCLUSION	
2	ATTITUDES THAT COLOUR STAKEHOLDERS' VISION	
3	EXISTING EXAMINATION PROVISIONS	
4	EXAMINATION REFORMS: CALLING FOR SUGGESTIONS	
5	EMPOWERING THROUGH SKILLS DEVELOPMENT	
6	THE VOICES OF THE DIFFERENTLY ABLED-SHARING OF EXPERIENCES BY PARENTS AND SCHOOL ALUMNI	

12. Please attach a case study / abstract of research work (optional)

Summary:

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Signature of Participant

School Stamp

