

**WORKSHOP ON DYSLEXIA**

**REGISTRATION FORM**

NAME:.....

QUALIFICATION:.....

EMPLOYMENT DETAILS:.....

MAILING ADDRESS:.....

.....

TELEPHONE:.....

MOBILE:.....

E MAIL:.....

REGISTRATION FEE DETAILS

DD NO.....DRAWN ON.....ISSUE DATE..... AMOUNT.....

Are you interested in joining travancore dyslexia association : yes/no

signature of participant

Note - DD to be drawn in favour of Travancore National School and sent to the following address

TRAVANCORE NATIONAL SCHOOL  
K 196 ,KOCHAR ROAD  
SASTHAMANGALAM  
TRIVANDRUM 695010  
PH : 0471 - 2313121

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