



MANASA
INSTITUTE OF
CHILD HEALTH &
DISABILITY STUDIES



Online Certificate Course in Disability and Inclusion

APPLICATION FORM

Name of the Applicant:

Age:

Address:

Email:

Phone No:

Education Details:

SSC/Equivalent Details:

Intermediate Education details:

Degree Education Details (optional)

Post -Graduation Education Details (optional)

Experience (in years)

Details of Experience (Brief)

What motivated you to pursue this course?

Application fee Payment details:

**Rs. 100/- to be transferred through online or D.D. /Cheque; addressing
MANASA**

**State Bank of India, A/C. No. 62197820856, IFSC Code: SBIN0021459,
MICR: 500002469, Mohan Nagar Branch, Hyderabad.**

Transaction No./Cheque/D.D. no: -----

Date of Payment: -----

Mail this filled-in application to info@manasainstitute.org

Name:

Signature:

Date: