



Lahartara, Varanasi

**Registration Form**

Date: \_\_\_\_\_

- 1. Name of the child : \_\_\_\_\_
- 2. Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_
- 3. Father's Name: \_\_\_\_\_
- 4. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Phone : (M) \_\_\_\_\_ (R) \_\_\_\_\_ (LL) \_\_\_\_\_
- 6. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_
- 7. Email ID : \_\_\_\_\_
- 8. Family:

(b) Father

Name : \_\_\_\_\_

Age : \_\_\_\_\_ Education : \_\_\_\_\_

Occupation \_\_\_\_\_

General Health : \_\_\_\_\_

Blood Group : \_\_\_\_\_

Income : \_\_\_\_\_

(a) Mother

Name : \_\_\_\_\_

Age : \_\_\_\_\_ Education : \_\_\_\_\_

Occupation \_\_\_\_\_

General Health : \_\_\_\_\_

Blood Group : \_\_\_\_\_

Income : \_\_\_\_\_

Last date to submit filled up registration form along with assessment details - **26<sup>th</sup> of July 2013** at **Sunbeam Lahartara, Behind DRM Office, Lahartara, Varanasi.**

Please submit assessment details of the child as assessed by a RCI approved developmental psychologist/consultant recognized organization or individual.

Admission will be based on assessment reports and counselling session with the board members of Sunbeam Autism Centre.

Filling of this form is by no means a guarantee for admission.

**Counselling session: 27<sup>th</sup> of July, 2013**