



Indian Sign Language Research and Training Programme
Department of Empowerment of Persons with Disabilities, Govt. of India
Ministry of Social Justice & Empowerment

NOMINATION FORM

Short Term Training Programme on Basic Indian Sign Language

Name: _____ Designation: _____

Gender: Male/ Female _____

Organisation: _____

Date of Program that you want to attend: _____

Address for communication: _____

_____ City: _____ Pincode: _____

Phone (O) _____ (R) _____ Mobile: _____

Email: _____ Fax: _____

Brief Experience :

Signature of the Candidate

TO BE FILLED IN BY THE SPONSER

Name of the sponsor _____ Designation _____

Address for communication _____

_____ City _____ Pincode _____

Phone (O) _____ (R) _____ Mobile: _____

Email: _____ Fax: _____

Detail of Fee Sent (if applicable)

Signature of the Sponsor
With stamp of the organization

Date: _____

Please return the duly filled form to ISLRTC at sharitasharma@gmail.com (Nodal Officer).

For further details, please refer our website: www.islrtc.nic.in or contact the Nodal Officer.

A-91, First Floor, Nagpal Business Tower, Okhla Ph- 2, New Delhi- 110020

Telephone: 2638 7558 / 59, Email: islrtcnewdelhi@gmail.com

BANK DETAILS FOR PAYMENT

For amount transfer to ISLRTC:

Name of the Account Holder	Indian Sign Language Research and Training Centre
Beneficiary Address	A-91, First Floor, Nagpal Business Tower, Okhla Ph-II, New Delhi- 110020
Phone Number	011 – 2638 7558 / 59
PAN No.	AAAGI0101D
Name of the Bank	Bank of Baroda
Address of the Bank	BOB, Okhla Ph- II, New Delhi- 110020
Saving Account No.	51840100007784
RTGS (IFSC) Code	BARB0(Zero)OKHDEL
MICR No.	110012197

Note: Kindly mention your Bank UTR No. and the date of remittance in case of electronic transfer.