



## Workshop on

# “Social Work Practice in Psychiatric Disability Management”

*Organized by*

Department of Psychiatric Social Work,

National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru -29

*Supported by Dr. Ramachandra N Moorthy Foundation for Mental Health & Neurological Sciences*

## Registration Form

Delegate's Name: Mr./Mrs./Ms.....

(As would appear on the certificate of participation)

Age ..... Gender: Male/Female.....

Educational Qualification: .....

Institution/Organization .....

Designation .....

Address .....

Contact No. ....

Email ID .....

DD No or Transferred details .....

Delegate's Signature

### Kindly Note:

1) Registration charges are Rs 100/- per participant and is to be paid in the form of DD in favor of 'The **Director, NIMHANS**' or transfer through online NEFT/RTGS to 54004640402, IFSC Code: SBIN0040675, NIMHANS Branch and registration fee is non-refundable and registration once done cannot be cancelled.

2) Duly filled registration form along with original demand draft (DD) need to be sent to the following address: Dr Shanivaram Reddy K, Assistant Professor, Department of Psychiatric Social Work, 1<sup>st</sup> Floor, M.V Govindswamy Centre, NIMHANS, Bengaluru – 560029

Contact us at [prpswevents@gmail.com](mailto:prpswevents@gmail.com) through e mail or call us at **080-26995953** for any queries.