

National IT Challenge for Youth with Disabilities 2018

Application form for Youth Participants

*The information provided will be used only for National IT Competition for Youth with Disabilities 2018

Last name		First name/ Middle name		Nationality	
Gender		Date of birth (dd/mm/yyyy)		Passport No & expiry date (if available)	
Present Occupation		School Going <input type="checkbox"/> If Yes(indicate Class) School drop out <input type="checkbox"/> Indicate the last class attended			Photo
Mailing address (Street, City/Town, Country and Postal Code)					
Email Id					
Home Telephone		Mobile			
Emergency Contacts	Name		Name		
	Relationship		Relationship		
	Contact Number		Contact Number		
Mother Tongue					
Category of Disability	<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Locomotor Disability <input type="checkbox"/> Intellectual / Developmental Disorder		Details of Disability certificate	Date of Issue : Name of Issuing Authority :	
	English Proficiency	<input type="checkbox"/> Can communicate <input type="checkbox"/> Cannot communicate		Computer Skill	Web browser
		MS-Excel	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		MS-PowerPoint	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Other Details	Whether accompanied by escort <input type="checkbox"/> Can manage on his / her own <input type="checkbox"/> Sign Language / interpretation required or not (Y / N) <input type="checkbox"/>				

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(Signature of Father / Mother / Guardian)
Date :

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(Signature of Applicant)
Date :