



Guidelines for New Collaborators:

First Name: Enter your first name in this field

Ex. Priyal, Navyug, Sanatan, etc.

Last Name: Enter your Last Name in this field

Ex. Bansal, Agarwal, etc.

Have you previously submitted any sample/response?

As you are a new user select “No” from the dropdown menu.

Your child's full name:

In this field Enter the Full name of the child whose handwriting sample you are submitting.

Child's Age: Enter the child's age in years.

Gender of the Child: Enter the child's gender in this field

Ex. Male, Female, Other.

Relationship with the Ward?

Select the option according to your relationship with the child.

Ex. Parent, Teacher, Homeschooler

Your Email: Fill that email id on which you are often active. You will also receive your Child's Unique ID after filling the form.

Ex. abc123@gmail.com

Contact Number: If you wish to, you can share your contact number.

City of Residence

Enter the name of your current city of residence

Ex. Agra, Jaipur, Mumbai, etc.

State of Residence

Enter the name of your current state of residence

Ex. Uttar Pradesh, Rajasthan, Bihar, etc.

After filling all the above fields you will get some questions related to your child's handwriting like "How often does your child mix up lowercase and uppercase letters?". Read them carefully and answer the questions carefully because they are very crucial to our research and also for your child's further diagnosis.

Upload your handwriting sample.

In this field, you are requested to upload your child's handwriting sample according to the guidelines given. Also, please note down the time taken by your child to complete this task as you are required to fill that up in the next field.

Handwriting Sample - Not according to guideline

Here you can attach an additional handwriting sample that is no constraint to the guidelines.