APPLICATION FORM

Certificate in Rehabilitation Therapy

Recognized by

REHABILITATION COUNCIL OF INDIA, NEW DELHI
APPLICATION FORM

RCI Recognised Course

Certificate in Rehabilitation Therapy

PERSONAL INFORMATION

1. Applicant Name: (As per school records)

2. Gender:  Male  Female

3. Date of Birth:  Day  Month  Year

4. Father’s Name:

5. Mother’s Name:

6. Father / Mother’s Occupation:

6. Blood Group:

7. Nationality:  Indian  SC  ST  Backward Class  Foreign

8. Address for Communication:

   Country:  PIN:

   Contact No:  E-mail ID:

9. Are you Person with Disability, If yes: write your disability & assistive device you use

10. Do you require hostel in campus:  Yes  No (Provided based on the availability)

11. In Emergency:

   A. Contact Person Name:

   B. Contact No:  C. Relationship with student:
12. Passport details (only for foreigners):
   A. Number: 
   B. Issue Place: 
   C. Date of issue: [Day] [Month] [Year]
   D. Date of expiry: [Day] [Month] [Year]

13. Language:
   A. Mother tongue: 
   B. *Fluency in english:
      * Rate your self
      E:Excellence; G:Good; F:Fair; P:Poor

14. Education
   A. Indian Nationals:
      | Exam Passed          | Passed Year | Board | Maximum Marks | Marks obtained |
      |----------------------|-------------|-------|---------------|---------------|
      | 10 Years of Schooling|             |       |               |               |
      | 12 Years of Schooling|             |       |               |               |
   B. Foreign Nationals:
      | Exam Passed          | Passed Year | Board |
      |----------------------|-------------|-------|
      | The class equivalent to 12 years of schooling | |

**ADDITIONAL INFORMATION**

15. Are you working in the Prosthetics & Orthotics Workshop/Community work/Therapy Service at present? If yes describe about your job roles and responsibilities & years of experience.

Enclose experience of certificate
Wherever is not applicable please Write “NA”
16. If your study is sponsored by any individual/funding agency, please specify funder details

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17. If you are a staff/Identified by any non government organisation/business entity at present please specify

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Name & Signature with official seal  
(Head of the Organisation)

Enclose recommendation letter from employer
I hereby solemnly and sincerely affirm that I fulfil the eligibility conditions and the statement made and information furnished in the application form are correct and also I have not withheld any information. If it is later found that any information furnished herein is fraudulent, incorrect or untrue, I am liable to prosecution and that my admission to the course is liable to be cancelled.

STUDENT’S SIGNATURE

DATE

FATHER / MOTHER / GUARDIAN’S SIGNATURE