

## Application Forms and Guidelines

### **Training Programme Fee :**

Details available on the RCI's website [www.rehabcouncil.nic.in](http://www.rehabcouncil.nic.in).

### **Application Form :**

Application form can be downloaded from the Council's website [www.rehabcouncil.in](http://www.rehabcouncil.in) & website of approved Training Institute(s)/ National Institute(s).

## Rehabilitation Council of India, New Delhi

### Application Form for Admission to CBID Training Programme

Applicants are advised to fill up the form carefully and to be submitted to the respective Training Institutes along with requisite documents. Examinations will be conducted by National Board of Examination in Rehabilitation (NBER), RCI. Applicants may please see the details of Regulations & Scheme of Examination of NBER available at Council's website: [www.rehabcouncil.nic.in](http://www.rehabcouncil.nic.in).

FORM No.

Affix your latest  
passport size  
photograph  
(4 cm × 5 cm)  
duly  
Self-attested

#### 1. Enrolment

I wish to apply for admission to CBID Training Programme at RCI approved training institutes in the following preference order

**1<sup>st</sup> Preference**                      **Name of the training institutes with complete address**

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**2<sup>nd</sup> Preference**                      **Name of the training institutes with complete address**

\_\_\_\_\_

**3<sup>rd</sup> Preference**                      **Name of the training institutes with complete address**

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1.	Name of the Candidate				
2.	Father's Name				
3.	Mother's Name				
4.	Complete Postal Address with House No., Street Name, P.O., Pin Code				
5.	Date of Birth (DD/M M/YYYY)				
6.	Nationality				
7.	Mobile No.				
8.	Alternate Mobile No.				
9.	Email Id				
10.	Aadhaar Card				
11.	Whether employed or unemployed Please Tick (✓)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
12.	If employed, furnish the office address & Tel No.	Address: Tel No.:			
13.	Whether belongs to SC/ST/OBC/PwD/EWS Please Tick (✓), If yes, attach self-attested Xerox copy of the certificate issued by the Competent Authority	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PwD <input type="checkbox"/> EWS <input type="checkbox"/>			
14.	<b>Academic Qualification</b>	<b>Name of the Board/ University</b>	<b>Year of Passing</b>	<b>Subjects</b>	<b>% of Marks Obtained</b>
	10 <sup>th</sup>				
	12 <sup>th</sup>				
	Graduation				
	Post Graduation and above				
Certified copies of academic qualification as mentioned in the above column to be attached along with this form					

## Declaration

I hereby declare that I have read and understood the eligibility conditions for admission to CBID Training Programme. I fulfil the minimum eligibility criteria and have provided relevant information and documents in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the RCI or concerned Training Institute at any time.

Date:

Place:

Signature of the Candidate

### PLEASE NOTE:

1. 2 sets of Xerox copies (duly certified) of the marks sheets & certificates of the qualifying and other examinations.
2. Caste Certificate (SC/ST/OBC/PWD/EWS), if applicable.

### For Office Use Only

Received by

Post	Hand
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Date of receipt of the Form \_\_\_\_\_

Eligible/ Not Eligible for admission \_\_\_\_\_

Reasons for Rejection \_\_\_\_\_

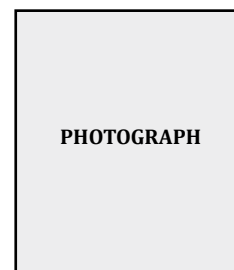
Date:

(Name & Signature of admission in-charge  
with seal of Training Institute)

### EXAMINATION PARTICULARS

Sl. No.	Description	Fee	Payable to Training Institute
1.	Enrolment fee	Rs. 500.00	Rs. 500
2.	Examination fee	Rs. 150.00	Rs. 150 Per paper (Theory and practical)
3.	Marks Card fee	Rs. 50.00	Rs. 50
4.	Certificate fee	Rs. 50.00	Rs. 50
5.	Courier/postage despatch charges and photo copy charges	Rs. 110.00	Rs. 110

**SPECIMEN COPY FOR**  
**STUDENT'S IDENTITY CARD FOR CBID TRAINING PROGRAMME**  
**(To be issued by Training Institute)**



Name & Address of Training Institute: .....

Enrolment No. :			
Name :			
Date of Birth :			
Aadhaar No. :			
Address for correspondence :			
Programme Name :			
Phone Number :		Mobile Number :	
E-mail :			
Issue Date :	Valid up to :		

(Signature and Seal of the Training Institute)

**State wise list of Training Institutes is available on the Council's website [www.rehabcouncil.nic.in](http://www.rehabcouncil.nic.in).**