



राष्ट्रीय अस्थि विकलांग संस्थान

NATIONAL INSTITUTE FOR THE ORTHOPAEDICALLY HANDICAPPED

(विकलांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार)

(Department of Empowerment of PwDs, Ministry of Social Justice and Empowerment, Govt. of India)

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No- PGDDRM-2016/2379/SER/2016/NIOH/

Date-27.07.2016

ADMISSION NOTICE FOR PGDDRM COURSE 2016

Applications are invited from eligible candidates for admission to course '**Post Graduate Diploma in Disability Rehabilitation Management**' (PGDDRM) under **West Bengal University of Health Sciences, Kolkata**. **The training focuses on rehabilitation management, development of administrative & leadership skills and learn to manage a team of Medical /Rehabilitation Professionals.**

Eligibility for the course: (A) Registered Rehabilitation Professional/Personal with Graduation or (B) Degree in Psychology/ Clinical Psychology/ Sociology/ Social Work/ Disability Studies preferably with one year experience in the area of disability or (C) Graduation in Medicine.

Duration of the course: One Academic Year.

Course Capacity: 15

Last date of Application: 31.08.2016

Date of aptitude & written test: 9th September, 2016

Date of commencement of class: 16th September, 2016

Selection through written/aptitude test & group discussion.

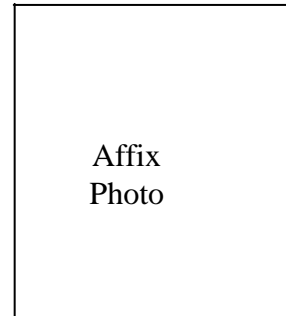
Sd/-

Director (Offg.)

**APPLICATION FOR ADMISSION TO POST GRADUATE DIPLOMA IN
DISABILITY REHABILITATION AND MANAGEMENT**

(Incomplete application will not be entertained)

ALL ENTERIES SHOULD BE TYPEWRITING OR WRITTEN IN CAPITAL LETTERS



1. Full Name: Dr./Mr./Mrs./Miss _____
2. Date of Birth _____ Present Age _____ Years _____
3. Office Address _____

_____ Phone _____
4. Address for Communication _____
_____ Phone _____
5. Residential Address _____

_____ Phone _____
6. Marital Status : Single/Married/Widowed/Divorced/Separated
7. Mother Tongue _____
8. Caste: S.C./S.T./OBC [attach certificate]
9. Are you enrolled for any program elsewhere? -Yes/No
10. If yes, specify -----
11. (a) Are you employed at present? -Yes/No
(b) If yes, Position: Supervisor/Executive/Other
12. Have you been sponsored by your employer? -Yes/No
13. For how many years have been employed so far?Years
14. For how many years have you had administrative /supervisory experience in the field of
Disability Rehabilitation.Years

15. Please give a brief outline of your current official responsibilities:

16. Reasons to join the course:

- i)
- ii)
- iii)

17. Check list of documents (Ticks)

- i) Copy of Birth Certificate
- ii) Copy of Scheduled Caste/Scheduled Tribe/Other Backward Cast Certificate, if the applicant belongs to such category.
- iii) Certificates of Degrees and Diplomas etc.
- iv) Experience Certificate if any.

18. Declaration by Applicant

I hereby declare that the information given in this application is true, complete and correct to the best of my knowledge and belief.

I have carefully read all the rules of the Institute and on admission, agree to abide by the rules applicable at the time.

Signature of Applicant

Place:-

Date:-

19. Academic Background (Please list your qualification beginning with the latest)

Examination Passed	Name of the Institution	Name of the Board/University	Attended		Year of passing	Subject of study	Percentage of marks	Class/ Division
			From	To				

20. Work Experience (Please list your work experience beginning with the latest)

Name & address employer	Placement of employment	Designation and nature of work	Period		Last salary drawn	Reason for leaving
			From	To		

21. Declaration by Applicant

22. Certificate of sponsorship from Employing Organisation

This is to certify that Dr./Mr./Mrs./Miss -----

(candidate's designation)

(department)

(organization)

Is currently employed in our organization. He/She has been allowed to undergo course, Post-Graduate Diploma in Disability Rehabilitation & Management for the following reasons.

i)

ii)

iii)

23. (a) We will be paying the fees of the candidate if admitted.

(b) We will not pay the fees of the candidate but we have no objection to the candidate joining the course and fulfilling all the course requirements.

Name of the head of the department / organization:

Address: -----

Phone -----

(Seal of the organization)

(Date)

(Signature)