

ADMISSION NOTIFICATION -DECEMBER 2023



Certificate Course in Community Based Inclusive Development (CBID) - 3rd Batch

(A Competency Based Training Programme)

Jointly Development By RCI & University of Melbourne, Australia



REHABILITATION COUNCIL OF INDIA, NEW DELHI APPROVED PROGRAM

Duration	Eligibility	Mode	Training Content
06 Months	<ul style="list-style-type: none">✓ 10th Pass(Min.)✓ Higher qualifications will be given preference	Face to Face	Practical & Theory

Required Documents for Admission

- Educational Qualification
- Aadhar Card
- Photo(Passport size)
- Caste Certificate (If Applicable)
- Disability Certificate (If Applicable)

Contact Details:

- Ms. Ria Roy
Clinical Psychologist
NILD, Kolkata
Contact No:8697662323
- Mr. Nayan Roy Chaudhuri
Social Worker
NILD,Kolkata
Contact No:9123825498

- ✓ Intake Capacity:40
- ✓ Application Fee:500/-
- ✓ Last date of submission of Application form:13/12/2023



National Institute for Locomotor Disabilities(Divyangjan)

B.T. Road , Bon-Hooghly, Kolkata-700090

Phone: 2531-0279, 2531-0610/Tele Fax: 2531-8379

Email: mail@nioh.in and website: www.niohkol.nic.in



For more details: You may visit RCI, New Delhi website: www.rehabcouncil.nic.in

Application Forms and Guidelines

Training Programme Fee :

Details available on the RCI's website www.rehabcouncil.nic.in.

Application Form :

Application form can be downloaded from the Council's website 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.

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

1st Preference **Name of the training institutes with complete address**

2nd Preference **Name of the training institutes with complete address**

3rd Preference **Name of the training institutes with complete address**

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.	Academic Qualification	Name of the Board/ University	Year of Passing	Subjects	% of Marks Obtained
	10 th				
	12 th				
	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 _____

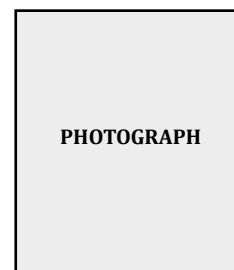
Date:

(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.