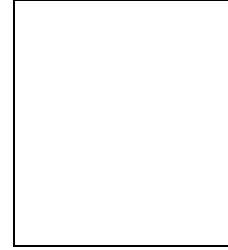


ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE LEVEL

COURSE FOR THE ACADEMIC SESSION 2025-26

Form No. _____

Composite Regional Centre for Skill Development,
Rehabilitation & Empowerment of Persons with Disabilities
(Divyangjan),CRC-Bhopal
(Under the Administrative control of National Institute of Mental
Health Rehabilitation, Sehore, M.P.)
Dept. of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice and Empowerment, Government. of India
Punarvas Bhawan, Khajurikalan Road, Piplani, Bhopal - 462 022
Phone (0755) 2685950/Fax (0755) 2685949
Email: crbhopal-nihh@nic.in
Website: crbhopal.nic.in



Application form for admission to (name of the course): _____

| | | | | |
|----|---|---|------------------------|--|
| 1 | Student's Name | | | |
| 2 | Father's Name | | | |
| 3 | Mother's Name | | | |
| 4 | Date of Birth | (DD/MM/YYYY) | | |
| 5 | Gender | Male/ Female/ Transgender | | |
| 7 | Aadhar Number | | | |
| 8 | Category | Gen <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> | | |
| 9 | PwD | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 10 | Are you Parent/Sibling of PwD | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 11 | If yes, mention UDID number Or UDID enrolment number | | | |
| 12 | Do you belong to EWS Category | | | |
| 13 | Permanent Address | | Correspondence Address | |
| | Address | | | |
| | Village/City | | | |
| | District | | | |
| | State | | | |
| | Pin Code | | | |
| 14 | Mobile Number: | | Email ID: | |

15. Educational Qualification:

| Name of the Examination passes | Board/ University | Year of passing | Total Marks | Marks obtained | % obtained | Subject(s) |
|--------------------------------|-------------------|-----------------|-------------|----------------|------------|------------|
| 10th | | | | | | |
| Any Other | | | | | | |

Declaration

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidates be shall be liable for cancellation for admission by the NBER, RCI or concerned training institutes at any stage.

(Name and Signature of the Applicant)

***Note:** Self attested copy of caste, educational qualification and UDID (PwD) certificate (if applicable), any other relevant documents to been closed along with the application form*

Acknowledgement Slip

Form No. _____

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Email: crcbhopal-nihh@nic.in

Received Application from..... S/o/D/o/W/o
..... For admission to For the academic
session 2025-26

Date:
Place:

Name and signature of the
Course Coordinator/HOD