## 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: <a href="https://www.rehabcouncil.nic.in">www.rehabcouncil.nic.in</a>.

FO	RM No.						Affix your latest passport size photograph (4 cm × 5 cm) duly	
1.	Enrolment						Self-attested	
I wi	sh to apply for admission to (	CBID Training	Prograi	mme a	at			
4	N C.1 C 1:1.							
1.	Name of the Candidate							
2.	Father's Name							
3.	Mother's Name	Ala III NI -						
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.	Mobile No.						
8.	Alternate Mobile No.							
9.	Email ld							
10.	Aadhaar Card							
11.	Whether employed or unemployed Please Tick (✓)		Yes		No			
12.	lf employed, furnish the office address & Tel No.		Addres	s:				
			Tel No.:					
13.	Whether belongs to SC/ST/	OBC/PwD/						
10.	EWS Please Tick (✓), If yes, attach self-attested Xerox copy of the certificate		SC S		ST	OB	BC	
			DIAID		EMIC			
	issued by the Competent Au	thority	PWD		EWS			
14.	Academic Qualification	Name of Board/Univ			ear of ssing	Subject	s % of Marks Obtained	
	10 <sup>th</sup>							
	12 <sup>th</sup>							
	Graduation							
	Post Graduation and above							
Cer	tified copies of academic qu	alification as	mentio	ned i	n the ab	ove colum	n to be attached	
alor	ng 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:						
<ol> <li>2 sets of Xerox copies (duly certified) of the marks sheets &amp; certificates of the qualifying and other examinations.</li> </ol>						
Caste Certificate (SC/ST/OBC/PWD/EWS), if applicable.						
For Office Use Only						
Received by Post Hand						
Date of receipt of the Form						
Eligible / Not Eligible for admission						
Reasons for Rejection						

## **EXAMINATION PARTICULARS**

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

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	

Date: