

Composite Regional Centre (CRC) for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities, Guwahati

(Under administrative control of SVNIRTAR)

Ministry of Social Justice and Empowerment, Govt. of India

Department of Empowerment of Persons with Disabilities

Gauhati Medical College Hospital Campus, Bhangagarh, P.O-Indrapur, Guwahati-781032, Assam

Website : crcguwahati.nic.in, Email: crcsreguwahati@gmail.com Ph.No. 0361-3516830

Academic Session- 2026-27

Passport size
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APPLICATION FOR ADMISSION IN TO _____ COURSE

Application Fee details: _____

(Online/UPI Transaction Id with date)

1. Name of the Applicant: _____
2. Name of the Parent/Guardian: _____
3. Date of Birth(dd/mm/yy): _____ Age in years and months _____
4. Gender: Male/Female/Others _____ Marital Status _____
5. Nationality: _____ Domicile _____
6. Category: SC ☐ ST ☐ OBC ☐ PwD ☐ GEN ☐ Parents/Siblings of ☐
Children with disability
7. Address for:

	Correspondence	Permanent
House No./Vill. / Locality/Town/City		
State		
Pin code		
Mobile No:		
Email Id		

8. Details of examinations passed:

	Name of the Exam Passed	Name of the Boards/ university	Year of passing	Total Marks	Marks Obtained	Percentage Obtained	Subjects
1.	SSC/Xth Std						
2.	HSC/XII Std						
3.	Bachelor Degree/ 10+2+3 Level						
4.	Master Degree 10+2+3+2 Level						
5	Any other						

Declaration:

I hereby declare that all the information provided by me in this application, to the best of my/our knowledge are true, complete and correct. If found incorrect or false my candidature may be treated as cancelled at any stage.

Applicant's Signature with date: _____ Parents/Guardians Signature _____

Note: self attested copy of caste, domicile and income certificates, mark sheets, certificates, online transaction id. Aadhaar etc should be enclosed with the application form.

ACKNOWLEDGEMENT

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Academic Session- 2026-27

Form No:

Received Application from _____ S/o/D/o/W/o _____ for
admission to (Name of the Course): _____ for the academic session 2026-27.

Date _____

Receivers Signature

-----X-----X-----

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