

**ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE COURSE IN BENCH SKILLS (CBS)  
FOR THE ACADEMIC SESSION 2024-25**

Form no---

Swami Vivekanand National Institute of Rehabilitation Training and Research (SVNIRTAR)  
(Dept. of Empowerment of Persons with Disabilities, Min. of Social Justice & Empowerment, Govt. of India)

Olatpur, Bairoi, Cuttack, Odisha- 754010

Phone No- 0671- 2805347, Mobile- 9438568953, 9937755426

Email Id- [dasvnirtar@gmail.com](mailto:dasvnirtar@gmail.com), Website- <https://svnirtar.nic.in>

Photograph of  
the applicant

35x45 mm

**Application form for admission into (name of the course): CERTIFICATE COURSE IN BENCH SKILLS (CBS)**

1	Student's Name						
2	Father's Name						
3	Mother's Name						
4	Date of Birth	(DD /MM /YYYY )					
5	Gender	Male	Female	Transgender			
6	Nationality						
7	Aadhar Number						
8	Category	Gen	OBC	SC	ST		
9	PwD	Yes	NO				
10	If yes, mention UDID number or UDID enrolment number						
11	Do you belongs to EWS Category	Yes	NO				
12	Permanent address			Correspondence address			
	Address						
	Village /City						
	District						
	State						
	Pin Code						
13	Mobile Number :				E-mail ID:		

14. Educational Qualification:

Name of the Examination passed	Board / University	Year of passing	Total Marks	Marks obtained	% obtained	Subject(s)
10 <sup>th</sup>						
12 <sup>th</sup>						
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 candidature shall be liable for cancellation for admission by the NBER, RCI or concerned training institute 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 be enclosed alongwith the application form.*



**Acknowledgement Slip**

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Received Application from -----S/o,D/o,W/o-----for  
admission to.....for the academic session 2024-25.

Date:

Name and signature of the

Place:

Course Coordinator/ HoD

*Vinay*