



**SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION
TRAINING AND RESEARCH (SVNIRTAR)**

Department of Empowerment of Persons with Disabilities (Divyangjan)
MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT, GOVT. OF INDIA
OLATPUR, PO: BAIROI, DIST: CUTTACK – 754010 (ODISHA)
Website: <https://svnirtar.nic.in> E-mail ID: dasvnirtar@gmail.com

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 x 5 cm)
duly
Self-attested

1. Enrollment

I wish to apply for admission to CBID Training Programme at.....

.....
...

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"/>	<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 fulfill 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 set 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.
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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)