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



 10^{th}

12th

Any other

(Department of Empowerment of Persons with Disabilities (DIVYANGJAN) Ministry of Social Justice & Empowerment, Government of India) Olatpur, P.O: Bairoi, Dist-Cuttack-754010 (Odisha)

Tel. 0671-2805347, Mob: 9438568953, 9040365694,9937755426,

Website: https://svnirtar.nic.in E-Mail: dislisvnirtar@gmail.com

Name of exam pas		Name of the Board/University	Year of Passing	Total Marks	Marks obtained	Percent obtained	Subjects	
		tails of examination copy of certificate			and profess	sional courses	5)	
I	E-mail ID: (Mandatory) :							
I	Mobile: (Mandatory) :							
;	State: Pin:							
-). Address for correspondence:						
	10. Add	dress for correspon	dence·					
9			belongs to EWS category: Yes No					
;		PwD (Y/N): (If yes, mention UDID number or UDID enrolment number):						
	7. Category: SC ST OBC PH GEN							
(6. Nationality: Aadhar card No:							
!	5. Gend	der (M/F/T):						
	4. Date	e of Birth (dd/mm/y	ууу):					
;	3. Nam	ne of the mother: _						
	2. Nam	e of the Father:						
:	1. Nam	e of the candidate:						Photograph
1	Applicati	ion form for admiss	sion to (name o	or the course	÷)·			Self Attested

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 Application)

Note: - Self attested copy of caste, educational qualification and UDID (PwD) certificate (If applicable), any other relevant documents to be enclosed along with the application form.