

ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE COURSE IN BENCH SKILLS (CBS) FOR THE ACADEMIC SESSION 2025-26

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, 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 th						
12 th						
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.



CERTIFICATE COURSE IN BENCH SKILLS (CBS) ADMISSION 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