



**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](mailto:dasvnirtar@gmail.com)

**Application Form for Admission to CBID Training Programme 2025-26 (5<sup>th</sup> BATCH)**

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](http://www.rehabcouncil.nic.in).

FORM No.
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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 No.							
11.	Whether employed (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"/>	
		PWD	<input type="checkbox"/>	EWS	<input type="checkbox"/>			
14.	<b>Academic Qualification</b>	<b>Name of the Board/University</b>	<b>Year of Passing</b>	<b>Subjects</b>	<b>% of Marks Obtained</b>			
	10 <sup>th</sup>							
	12 <sup>th</sup>							
	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)