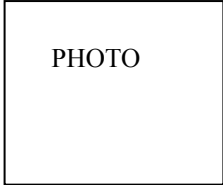


Form 'C'

[See regulation 25(4) (d)]

**REGISTRATION OF ADDITIONAL QUALIFICATION (S) IN THE CENTRAL REHABILITATION REGISTER
AS PER COUNCIL ACT, 1992**



1. (a) Name and address of Professional as _____
given in the Central Rehabilitation Register _____
(b) Registration Number _____

2. Present Address _____
(IN BLOCK LETTERS) _____

3. Permanent Address _____
(IN BLOCK LETTERS) _____

4. Qualification with name of University _____
and year of obtaining the same _____

5. Recognised Additional Qualification (S) _____
Subsequently obtained/Name of University _____
and year of obtaining the same. The subject _____
of Post Graduate qualification should _____
be given. _____

Date: _____

Signature of the Candidate

I solemnly affirm and declare that the above entries are correct.

Signature of the Candidate

“FOR TRAINING INSTITUTIONS/ COLLEGES/ UNIVERSITIES PURPOSE”

CERTIFICATE OF AUTHENTICATION

This is to certify that Ms. / Mr. ----- D/S/O Mrs. /
Mr. ----- has successfully completed the Course/
Certificate/ Diploma/ Degree/ P.G. diploma etc. viz.-----
from our institute in the academic session----- . The relevant documents
like professional qualification and duly filled in application forms have been
verified.

The above mentioned course is recognized by the Rehabilitation Council of
India, New Delhi vide their approval order no ----- dated-----.

Course Co-ordinator/ HOD

(Name with seal)

**INSTRUCTIONS TO CANDIDATES FOR FILLING THE FORM APPLICATION FOR
REGISTRATION OF ADDITIONAL QUALIFICATION IN THE REHABILITATION
COUNCIL OF INDIA ACT 1992**

REGISTERS OF REHABILITATION COUNCIL OF INDIA

- (1) The application form should be properly and neatly filled in.
- (2) A Bank Draft of Rs. 50/- (Rupees fifty only) in favour of **Member-Secretary, Rehabilitation Council of India, New Delhi, payable at New Delhi.**
- (3) The candidate is required to send a copy duly attested by Magistrate/Gazetted Officer on the Degrees/Diplomas or Provisional Certificate of Post-Graduate additional qualification attested/issued by the Registrar of the University/Institutes concerned as shown in Col. (4) of the application form.
- (4) The application is to be forwarded direct to this office and be addressed to the **Member-Secretary, Rehabilitation Council of India B-22, Qutab Institutional Area, New Delhi – 110016.**
- (5) The Certificate will be issued only to those who possess a registerable qualification and subsequently has obtained recognised Post-Graduate qualification (s) as included in the Schedule to the Rehabilitation Council of India Act 1992.
- (6) You are requested to send your original registration certificate issued by RCI.