

**REHABILITATION COUNCIL OF INDIA**  
(STATUTORY BODY UNDER THE MIN. OF SOCIAL JUSTICE & EMPOWERMENT, GOVT. OF INDIA)

**APPLICATION FORMAT FOR SEEKING EXTENTION OF RECOGNITION**  
(From the Academic Session i.e. 2008-09)

1. Name and Address of the Institution:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Head of the Institute	S.T.D Code	Telephone No.		Fax No.	E-mail ID
		Office	Res.		

Name of Administrative Incharge	S.T.D Code	Telephone No.		Fax No.	E-mail ID
		Office	Res.		

Website :

2. Name of the Course\* :

Sanctioned Intake :

Year of starting of Course :

Total Students admitted:

Foreign Students admitted:

(Copy of permission letter from MOEA / MOH to be attached)

3. Present Validity of the Recognition :  
(Please enclose copy of approval order)

5. Name of the Affiliating University for Degree Course:  
(Please enclose copy of latest affiliation)

6. Details of Reserve Fund (Please enclose the certificate issued by the respective Bank)

F.D.R. No. \_\_\_\_\_ Name of Bank:

Amount: \_\_\_\_\_ Date of Maturity :

**\* Please apply separately for each course conducted by your institute.**

**7. Details of Fee Charged from students**

Admission Fee	Tuition Fee	Capitation Fee	Security (Please mention refundable /Non-refundable)	Building Fund	Library Fee	Other Charges

Total fee charged per student :-Rs. \_\_\_\_\_ p.a.

**8. Details of Expenditure incurred on conducting the programme**

Salary	Wages	Administrative Expenditure	Total Expenditure incurred on conducting the programme

**9 Additional Income/Loss :**

Total Revenue generated: :  
Income/Loss (in the account of loss how deficit is maintained)

**10. Annual Accounts of the previous year (enclose copy)**

**11. Details of Teaching Staff**

**(i) Existing Core Faculty**

Sl. No	Name of Faculty & Designation	Academic Qualification	Rehab. Qualifications	Date of Employment	Salary per month	RCI Reg. No.	Remarks (if any)
1.							
2.							
3.							
4.							

**(ii) New appointments**

Sl. No	Name of Faculty Employed & Designation	Academic Qualification	Rehab. Qualifications	Date of Employment	Salary per month	RCI Regn. No.	Remarks (if any)
1.							

2.							
3.							
4.							

**(iii) Guest Faculty available at Training Centre**

Sl. No.	Subject taught	Qualification (General/ Special / Rehabilitation)	Teaching Experience	No. of Session per month	Hon. per Session

**12. Teacher - Student Ratio:**         

**13. Technical Support Staff**

**(a) Existing Technical Staff**

S. No.	Name	Designation	RCI Regn. No.	Qualification	Date of Employ- ment	Salary per month	Full time/ part time
1.							
2.							
3.							
4.							

**(b) New Technical Staff**

S. No.	Name	Designation	RCI Regn. No.	Qualification	Date of Employ- ment	Salary per month	Full time/ part time
1.							
2.							
3.							
4.							

**14. PHYSICAL INFRASTRUCTURE (PLEASE TICK)**

Please indicate if any, addition to the following had been made:

	Yes	No
(A) Transport facility available	<input type="checkbox"/>	<input type="checkbox"/>
i. Transport	Own	Hired
	<input type="checkbox"/>	<input type="checkbox"/>
ii. No. of Buses provided :		
iii. No. of Children in Each Bus :		
iv. Distance Covered :		
(B) Building - Rented/Leased/Own:	Total Area	(in Acres)
(a) Built-in Space/Area (for training course only)		
(b) Toilets – (Disabled friendly)	<input type="checkbox"/>	<input type="checkbox"/>
(c) Common /Rest Room for Teachers	<input type="checkbox"/>	<input type="checkbox"/>
1. Classroom		
2. Multipurpose Room/Hall		
3. Work Experience Room		
4. Principal's Room		
5. Staff Room		
6. Office Room		
7. Store Room		

**15. Furniture (Please specify quantity of items added to the existing furniture):**

- (a) Students desks with seats
- (b) Hall with Dais Chairs
- (c) Work tables for Laboratory
- (d) Book shelves
- (e) Black boards for class rooms and laboratory
- (f) Notice boards and bulletin boards
- (g) Steel Almirah/cabinet

(h) Storage racks

**16.** Laboratory Equipment added to already existing equipment.

S. No.	Name of Equipment	Quantity of Equipment	Cost of Equipment	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**17.** Additions made to Instructional Hardware (Please enlist)

- |   |                         |                          |
|---|-------------------------|--------------------------|
| 1 | Audio Cassette Recorder | <input type="checkbox"/> |
| 2 | Overhead Projector      | <input type="checkbox"/> |
| 3 | VCR                     | <input type="checkbox"/> |
| 4 | Computer                | <input type="checkbox"/> |
| 5 | Camera (Still)          | <input type="checkbox"/> |

**18.** Books /Journals/Equipment (please attach lists)

- Library Books purchased during the previous year please indicate separately for each year
- Diagnostic and Therapeutic /Psychological/Workshop equipment.
- Additional Journals Subscribed  
if yes, please specify the name

**19.** Academic Activities undertaken at the institute:-

Faculty participation in academic pursuits (please give details):

- Research Activities undertaken
- Details of Scientific Articles published
- Participation in Seminars/Conferences etc.

**20.** Achievements during the previous academic sessions (please enlist)

21. Difficulties faced during the conduction /implementation of the programme relating to the following. *(Please give details)*

- (a). Syllabus Course Rules & Regulations
- (b) Practicals
- (c) Theory
- (d) Financial
- (e) Administrative
- (f) Any other

22. Suggestion to improve the quality of the programme

23. Model School/Practice School : Approval from –State Govt. }  
Commissioner for PWD. Regn No.  
National Trust, New Delhi  
*(please attach the latest copy of registration certificate)*

Staff Strength		No. of Classes	No. of Children
Previous			
Current			

24. **Action Taken Report (ATR)** on previous **Shortcomings** in detail with supportive documents.

25. Inspection fee payment details:

Amount :

Date :

D.D. No.:

drawn on Bank:

**DECLARATION / CERTIFICATION**

*Certified that all particulars / information given in form above are correct in details.*

*Date:*

*Name & Signature of the Legally  
Responsible Person for  
the Organisation*

*Place:*

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