



Rehabilitation Council of India
(A Statutory Body under Ministry of Social Justice and Empowerment)
Department of Empowerment of person with Disabilities. Govt. of
India) B-22, Qutab Institutional Area, New Delhi-110016



File No. 10-5/Policy/2012/RCI

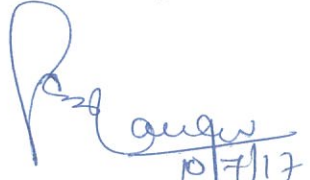
Date 10.07.2017

Circular

Sub.: Extension of last date for submission of proposal to conduct BPO Condensed Course (part time)

This is in continuation of the Council's earlier Circular No. 10-5/BPO/2005-RCI dated 03.05.2017 on the subject mentioned above and to inform you that last date for submission of proposal has been extended upto 30th July, 2017. Accordingly, prospective and eligible institutions may submit their proposal on the prescribed format along with requisite documents and fee to the Council latest by 30th July, 2017.

Encl: Prescribed form


(S.K Srivastava)
Member Secretary

RCI Web:

REHABILITATION COUNCIL OF INDIA

APPLICATION FORMAT FOR PERMISSION TO CONDUCT BPO CONDENSED COURSE (PART TIME) (Academic Session 2017-18)

A. Institutional Details:

1. Name of the National Institute/University: _____

2. Address: _____

District: _____

State: _____

Pin: _____

3. Phone No.: _____

4. Fax No.: _____

5. Email ID _____

6. Website: _____

7. Name of Head of the Institution: _____

Phone No.: _____

Email ID _____

B. Human Resource Details

1. Details of **Core Teaching Staff** for BPO ongoing course

Sl.No.	Name & Address with e-mail & mobile no.	Designation	Rehab. Qualification	Experience	CRR No.	Aadhar Card No.

2. Details of **Guest Teaching Staff**

Sl.No.	Name & Address with e-mail & mobile no.	Designation	Rehab. Qualification	Experience	CRR No.	Aadhar Card No.

C. Details of ongoing course of RCI:

Sl.No.	Name of the Course	Period of approval	RCI approval Certificate no. & Date	Remarks, if any

Note: Copy of Approval Certificate to be attached as annexure.

D. Details of Application fees paid to RCI through NEFT (No DD's allowed):

Name of the Bank	Amount Paid	Date	Transaction No.

Note:

- *Download the form and type the information.*
- *Only typed form shall be accepted.*
- *All the fields are mandatory.*
- *No columns to be kept blank.*
- *Wherever information is NOT available please mention as Nil, in case of NOT applicable 'NA' to be mentioned.*
- *All pages should be signed with name.*

*Name and signature of Head of the Institutions
with stamp & Date*