



भारतीय पुनर्वास परिषद्
सामाजिक न्याय और अधिकारिता मंत्रालय का एक सांविधिक निकाय
दिव्यांगजन सशक्तिकरण विभाग
भारत सरकार

REHABILITATION COUNCIL OF INDIA
A Statutory Body of Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)
Government of India



File No. 8-A/policy/2009/RCI

Dated 22 October, 2021

Circular

All the Heads of the RCI approved Training Institutes are requested to provide the course wise list of Regular/Full Time (Contractual) faculty appointed for a particular training programme at their respective training institutes on the prescribed proforma (copy enclosed at Annexure-A) .

2. If there is a change in the list of faculties, due to any reasons, the same may please be brought to the notice of the Council immediately. The details provided by the training institutes will be utilized for various academic activities of the Council.
3. Information as mentioned above may be submitted to the Council through e-mail rci-depwd@gov.in within 10 days from the date of issuance of this circular.

(Dr. Subodh Kumar)
Member Secretary

Copy for information to:

- (i) The Sr. PPS to the Secretary, DEPwD& Chairperson, RCI.

Proforma to submit the information in r/o course wise details of core faculty available at RCI approved training institutes for special education and disability rehabilitation training programme(s)

Name of the training institute with complete address											
Contact details		Phone : E-mail: Website:									
Contact Person details with their contact number and e-mail IDs		Name: Designation Phone: E-mail : Mbl:									
Institute Code											
Training Programmes offered		(i) (ii) (iii) (iv) (v)									
Course wise details of core faculties available with the training institutes											
(i) Name of the training programme Name _____											
Sl. NO.	Full Name	Academic Qualification	Rehabilitation Qualification	CRR No. Status (Active/ Inactive)	Designation	Nature of services (Permanent /Regular/ Full time Contractual/)	Teaching Exp. (in yrs.)	Salary	Contact Details		Recent color photograph
									Phone: e-mail: Mobile No.:		

PS: Use Separate sheet for submission of faulty details in case more than one training programme is conducted by the institute.

Date :

Place :

Name of the Head of the Training Institute

with signature and seal