



भारतीय पुनर्वास परिषद्

7-10/2014-RCI

भारतीय पुनर्वास परिषद्

(सामाजिक न्याय और अधिकारिता मंत्रालय, दिव्यांगजन सशक्तिकरण विभाग के अधीन एक सांविधिक निकाय)

REHABILITATION COUNCIL OF INDIA

A Statutory Body under the Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)

7th June, 2017

Circular

In the light of the approval accorded by the 75th Executive Committee of RCI, the Council is pleased to announce following course from the academic year 2017-18 as per the details mentioned below:

Name of the Course: Integrated B.A./B.Com//B.Sc.B.Ed. Spl. Ed. Course

S.N.	Descriptions	
1	Nomenclature of the Course	Integrated B.A./B.Com//B.Sc.B.Ed. Spl. Ed. Course
2	Mode of the Course	Regular (<i>On Pilot Basis for two batches</i>)
3	Duration of the course	Four years
4	Eligible institutions/ Universities	Any University recognised by UGC offering RCI approved course
5	Intake	30 (Maximum)
6	Eligibility for admission	Candidates with at least 50% marks in 10+2 or equivalent
7	Admission Procedure	As per the University norms and guidelines
8	Course Fee	As per University norms and guidelines
9	Benefits/Advantage	RCI registration as Rehabilitation Professional in concerned disability.
10	Exemptions, if any	Not applicable
11	Application format	Interested University may apply on prescribed application format to RCI.
12	Application and processing fee	Processing fee Rs. 7500/-, Inspection fee Rs. 22500/- Approval fee Rs. 22500/-
13	Date of availability of forms	7 th June, 2017
14	Last date for submission of proposal	30 th June, 2017
15	Date of Commencement of Course	1 st Week of August, 2017
16	Nodal Officer of the Council	Dr. Rajesh Kumar Verma, Asst. Director, RCI adp@rehabcouncilindia.org 91-11-26532816, 26534287, 26532384, 26532408-Ext.- 122 Mob:-9821880370

Note: For further detail, please refer the syllabus of the Integrated B.A./B.Com//B.Sc.B.Ed. Spl. Ed. Course available on the Council's website.


(S.K. Srivastava)
Member Secretary

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Website : www.rehabcouncil.nic.in

Please Recycle



REHABILITATION COUNCIL OF INDIA

APPLICATION FORMAT FOR NEW PROPOSAL FOR CONDUCTING COURSE

Part A:

Institutional details

Name	Address	Contact No
Website	Name of the Head	Contact No

Legal Status of the Institution

Is Financial provisions Yes No Estimate for the proposed Programme by institute (Annexure-A)

Endowment/Reserve Fund of Rs.03lakhs for the programme available

Campus area of the organization (Min. 1000 Sq.mtr) Yes No

Built up area of the organization (Min. 500 Sq.mtr) Yes No

Details of Building Rented Own Leased

Part B: Proposed Course

Name Have you obtained the NOC from the State Government Yes No

Is there any training programme approved by RCI, offered at your institute Yes No

Details of Core and Guest Teaching Staff at training Centre for RCI approved ongoing training course/s of RCI

Name & Address	Designation	Rehab Qualification	Experience	CRR No.	Aadhar No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical infrastructure (Annexure B) Laboratory Equipment list

In structural Hardware

DVD Yes No

Computer with Internet facilities Yes No

Camera Yes No

Television Yes No

LCD projector with screen Yes No

Library Books (Annexure-C) Course Specific clinical facilities (Annexure-D) Facility of OPD Yes No

Attachment with any of the medical Centre/Rehabilitation/Educational Centre Yes No

Number of cases diagnosed every month Number of cases diagnosed everyday

Special school/for Teacher Training Centers:

Own special /Inclusive School (managed by your own management) Yes No

Memorandum of Understanding (MoU) with any local special school for practice teaching. *Only applicable for University/National Institutes* Yes No

Name of Special School Number of children in Special (min. 60 CWSN with specific disability)

Day or Residential School Funded By State Govt. Yes No

Teaching Staff:

Name	Academic &Rehab Qualification	CRR No.	Aadhar No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facilities available at Special School

Classroom	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Office Room	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Principal Room	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Staff room	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Play Ground	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Toilets	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
PT/OT Room	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Audiology & Speech Therapy Unit	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Psychological Unit	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Vocational Section	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Resource Room	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Laboratory	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Audio Visual Room	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>

Vocational Unit used for vocational training for special children :

Computer Room	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Wood work*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Handloom*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Weaving*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Knitting*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Embroidery*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Art & Craft*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Chalk making*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Candle making*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Tailoring and cutting*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>

Block printing*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Photocopy*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Printing Press*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Envelop making*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>

Curriculum Planning

Part C: (exclusively for Clinical Psychology Programme)

Name Have you obtained the NOC from the State Government Yes No

Is there any training programme approved by RCI, offered at your institute Yes No

Details of Core and Guest Teaching Staff at training Centre for RCI approved ongoing training course of RCI

Name & Address	Designation	Rehab Qualification	Experience	CRR No.	Aadhar No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical infrastructure (Annexure-E) Laboratory Equipment list

Hardware details:

Computer with internet facility	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>
Digital Camera	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>
LCD Projector	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>
CCTV System	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>

Books:

Relevant books Professional Journals Audio Visuals

Record of Clinical and Academic Training

No of patients	Outdoor	Indoor
New patients	<input type="text"/>	<input type="text"/>
Old Patients	<input type="text"/>	<input type="text"/>

Number of patients taken for psychological therapies:

(Please tick wherever applicable, enter quantity, Attach required information as per Annexure-F)
 (Document will be verified at the time of inspection.)

Any other service activities (weekly/monthly) conducted and/or participated at the community level

such as outreach camps, extension clinics, school visits etc Yes No

Source of referrals (Such as Psychiatry, Neurology, Neurosurgery, Pediatrics)

Source	Percentage
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Facilities for clinical Postings

Department	Duration
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>