

7-91(Expert Committee)/2013/RCI

30.05.2018

CIRCULAR

In the exercise of power conferred by the regulations of the RCI Act of 1992, the Council is in the process to reconstitute its 11 Expert Committees for 16 categories of Professionals allocated to the Council.

Rehabilitation professionals registered in the Central Rehabilitation Register (CRR) maintained by RCI (refer Annexure I) and having minimum 10 years of experience in their respective areas of disability rehabilitation and / or special education as Faculty / Special Educator may submit their application on format I to be included as a member of Expert Committee of RCI within 30 days of issuance of this Circular. It is further clarified that the experts who are already in the list of members for Expert Committee are also requested to send their consent to ascertain their continuity and interest as an Expert Committee Member, on format II. Eminent educationists/professionals who have contributed significantly in this field of disability may also send their details in format –II.

The duly filled Application (Form enclosed at Annexure II & III) may please be sent on the Council's e-mail: ddprci-depwd@gov.in.

Mere Submission of application does not entitle anyone to be appointed as Member of Expert Committee or entail a right for claiming as a Member of Expert Committee. RCI reserves all the rights to accept/reject the application to be considered as eligible for being nominated as an expert without assigning any reason.



(S.K. Srivastava)
31/5/18
Member Secretary

Enclosed: As above

Copy to: Chairperson, RCI
All RCI approved institutes/Universities
National Institutes
Regional Centers
RCI website

Annexure I

The following Categories of Rehabilitation Professionals/ Personnel registered in the Central Rehabilitation Register maintained by the Rehabilitation Council of India may apply in the prescribed format (Annexure II) to become members of the Expert Committees of the Council :

1. Audiologist and Speech Therapists
2. Clinical Psychologists
3. Hearing Aid and Ear Mould Technicians
4. Rehabilitation Engineers and Technicians
5. Special Teachers for Education and Training the handicapped
6. Vocational Counsellors, Employment Officers and Placement Officers dealing with handicapped
7. Multipurpose Rehabilitation Therapists, Technicians
8. Speech and Hearing Technician
9. Rehabilitation Psychologists
10. Rehabilitation Social Workers
11. Rehabilitation Practitioners in Mental Retardation
12. Orientation and Mobility Specialists
13. Community Based Rehabilitation Professionals
14. Rehabilitation Counsellors/Administrators
15. Prosthetists and Orthotists
16. Rehabilitation Workshop Managers

This issue with approval of competent authority.

Format I

Application for Membership of Expert Committee of Rehabilitation Council of India

1. Full Name :.....

2. Date of Birth (DD/MM/YYYY) :.../.../.....

2. Gender:

3. Mobile Number:.....

4. Email ID:

5. Address :.....

.....

6. City StatePin code:

7. Field of Expertise:

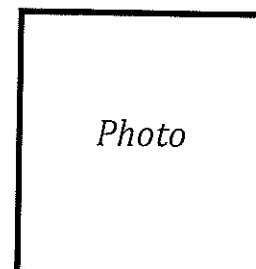
8. Experience:Years..... Months

9. Central Rehabilitation Registration Details:

CRR No.	Date of Registration	Registered As	Registered Qualification	Renewed on Date	Renewal Due on

10. Rehabilitation Professional Qualification:

Institute /University	Qualifications (certificate / Diploma / P.G. Diploma / Degree)	Passing Year



11. Work Experience in the field of Disability Rehabilitation

Name of Organisation	Address of Organisation	Designation	Period		
			From	Till	

12. Computer Skills (if any)

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I, _____, hereby declare that the information given above is true to the best of my knowledge.

Signature : _____

Date: _____

Format II

Application for Membership of Expert Committee of Rehabilitation Council of India

1. Full Name :.....

2. Date of Birth (DD/MM/YYYY) :.../.../.....

2. Gender:

3. Mobile Number:.....

4. Email ID:

5. Address :.....
.....

6. City StatePin code:

7. Field of Expertise:

8. Experience:Years..... Months

9. CRR No. :

10. Professional Qualification:

.....
.....

11. Present Status of Engagement

i. Working Place:
.....

ii. Working As :

12. Any other relevant information, you wish to add:

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.....
.....

Signature : _____

Date: _____