

F.No. 10-75/ZCC/2017-RCI

06 April, 2018

Circular

To

All ZCC Coordinators/Members

Sub: **Reporting Formats for ZCC Members/ Co-ordinators – reg.**

Madam/Sir,

Council has in its 40th Annual General meeting decided to depute ZCC coordinator and its members in the monitoring, evaluation and visit/inspection work of RCI in their respective zone or as deputed by the Chairperson. For this TA/DA and visit/inspection fees shall also be paid by the Council as prescribed by circular no. 10-75/ZCC/2017/RCI dated 6th April, 2018 (copy enclosed).

While deputed/assigned for any of such work the coordinators/members of ZCC are required to submit the report on the prescribed formats as follows :

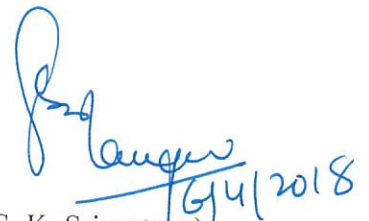
1. Proforma No. 1 : Feedback report in respect of CRE programme/workshop/conference.
2. Proforma No. 2 : Feedback report in respect of examination of certificate / diploma level courses.
3. Proforma No. 3: Visit/inspection report of approved institution of RCI.
4. Any report other than the above should be sent as prescribed/directed by the Council time to time.

Copies of these formats are enclosed for your ready reference with a request to follow it strictly while sending the report to RCI.

Encl: as above

CC to :

- i. PA to CP – for information
- ii. PS to MS – for information
- iii. All Officers of RCI
- iv. RCI Website



(S. K. Srivastava)
Member Secretary

बी-22, कुतुब इंस्टीट्यूशनल एरिया, नई दिल्ली - 110 016

B-22, Qutab Institutional Area, New Delhi - 110 016

Tel.: 011-2653 2408, 2653 2384, 2653 4287, 2653 2816 Fax : 011-2653 4291

E-mail : rehabstd@nde.vsnl.net.in, rehccouncil_delhi@bol.net.in

Website : www.rehaccouncil.nic.in



REHABILITATION COUNCIL OF INDIA - ZONAL COORDINATION COMMITTEE (ZCC)

Feedback Report in respect of CRE Programme/Workshop/Conference

Date:.....

PROFORMA - I

| | | |
|---|--|--|
| 1. | Name of Members/ZCC Co-ordinator | |
| 2. | Address and Telephone No. | |
| 3. | Name & Address of the institution visited | |
| 4. | Date of visit | |
| 5. | Name of the topic | |
| 6. | Duration of the CRE programme | |
| 7. | No. of participants approved / attended | |
| 8. | No. of Resource Person available | |
| 9. | Feedback of the participants about the programme | |
| Comments and Observation of the ZCC member/Zonal Co-ordinator | | |
| | | |

Signature of the ZCC Member/Co-ordinator

Note:-

It is requested to send the scanned copy of the report /or report snapped by phone along with photographs of the ongoing programmes and main entrance of the training institutes to be taken on the spot by mobile phones. Information to be sent through Email rehabstd@ndc.vsnl.net.in to the Council on the same day. However, hard copy of the report and other documents to be sent to the Council through speed post within a week.

Copy to : Zonal Co-ordinator of the ZCC of the respective zone for kind information.

REHABILITATION COUNCIL OF INDIA - ZONAL COORDINATION COMMITTEE (ZCC)

Feedback Report in respect of examination of Certificate/Diploma level courses

Date:.....

PROFORMA-II

| | | |
|--|---|--|
| 1. | Name of Members/ZCC Co-ordinator | |
| 2. | Address and Telephone No. | |
| 3. | Name & Address of the institution visited | |
| 4. | Date of visit | |
| 5. | Name of the Course | |
| 6. | No. of candidates appeared | |
| 7. | List of invigilators deputed | |
| 8. | Feedback of the CLO | |
| Comments and Observation of the ZCC members/Zonal Co-ordinator | | |
| | | |

Signature of the ZCC Member/Co-ordinator

Note:-

It is requested to send the scanned copy of the report /or report snapped by phone along with photographs of the ongoing examination and main entrance of the exam centre to be taken on the spot by mobile phones. Information to be sent through Email nberrci-depwd@gov.in to the Council on the same day. However, hard copy of the report and other documents to be sent to the Council through speed post within a week. However, hard copy of the report and other documents to be sent to the Council through speed post within a week.

Copy to: Zonal Co-ordinator of the ZCC of the respective zone for kind information

**Rehabilitation Council of India
New Delhi**

**Inspection / Visit Report of RCI Approved Institutions by ZCC Member / Coordinator
Proforma - III**

Date of Visit: Time of Visit:

Name and Address of the Institution (where visit is carried out):

Name of the Head of the Institution:

Ph. No: Mob. No.: e-mail:

Details of RCI approved courses conducted:

| Name of the course* | Coordinator of the course with CRR no. | No. of Students admitted | Classrooms allocated for the course (nos.) | School / Clinic available for the course Yes/No | Students/ beneficiaries |
|---------------------|--|--------------------------|--|---|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Regular and Distance mode*

Details of other activities in the building / premises:

| Name of the activity / programme/ scheme | Coordinator of activity/ programme/ scheme | No. of Students / beneficiary | Rooms allocated | Any other information |
|--|--|-------------------------------|-----------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Observation / Remarks:

1.
2.
3.
4.
5.

Date:

**Name & Signature
of ZCC Member / ZCC Coordinator**

Note:

1. All details mentioned above shall be submitted alongwith photographs
2. The report is to be sent through e-mail to RCI on msrci-msje@nic.in & adprci-depwd@gov.in . This may be through scanning or through snap from your mobile and send e-mail, on the same day.
3. Hard copy of the report with photograph to be sent within week to RCI, New Delhi.
4. Additional information if any, may be enclosed on separate sheet with signature and date.
5. Copy of this report should be sent to ZCC Coordinator.