



## Rehabilitation Council of India

(A Statutory Body under the Ministry of Social Justice & Empowerment)  
Department of Empowerment of Persons with Disabilities (Divyangjan), Government of India  
B-22, Qutab Institutional Area, New Delhi-110016  
Tel.:011-2653 2408, 2653 2384, 26534287, 26532816 Fax: 011-26534291  
Email: rci-depwd@gov.in Website: www.rehabcouncil.nic.in



### Invitation of Proposals to conduct Community Based Inclusive Development (CBID) Training Programme

The Council invites proposals from eligible organizations to conduct **Community Based Inclusive Development (CBID) Training Programme** developed by RCI in collaboration with University of Melbourne, Australia in pursuance of the MoU signed between Govt. of India and Govt. of Australia for joint cooperation in disability sector. Programme particulars are as under:

#### Objectives

- To create a pool of dedicated grass root rehabilitation workers at community level to work alongside Asha, Anganwadi and Village Level Workers to manage cross disability issues.
- To provide competency based knowledge and skills among such workers to enhance their ability for successful discharge of duties.
- To design graded programme for learners to move from novice to intermediary to mastery level.

#### On successful completion of the training programme, the CBID worker will be able to:

- (i) Undertake Community level survey, screening, mapping, assessment and intervention, referral services etc. for the empowerment of Persons with Disabilities (Divyangjans).
- (ii) Facilitate coordination with and delivery of various Government schemes, policies & programmes for Persons with Disabilities (Divyangjans) and their families at various State/ Central Govt. Projects like DDRS, DDRC & NGOs.

<b>Duration</b>	:	06 Months
<b>Mode</b>	:	Regular
<b>Admission Process</b>	:	Direct
<b>Intake</b>	:	40 Students (Per batch) Max.
<b>Examination</b>	:	National Board of Examination in Rehabilitation (NBER)
<b>Certification</b>	:	Certificate will be awarded by National Board of Examination in Rehabilitation (NBER)
<b>Job Prospects</b>	:	On successful completion of the training programme, CBID workers will be termed as 'Divyanga Mitra' (friends of Persons with Disabilities) and will be eligible to work employment at various projects and Programmes of Central/ State Govt. Organizations and NGOs.
<b>Commencement of Programme</b>	:	June/July, 2023
<b>Eligible Organizations</b>	:	<ol style="list-style-type: none"><li>i. National Institutes of DEPwD.</li><li>ii. NGOs registered under RPwD Act, 2016/PwD Act, 1995 and working in the field of Community Based Rehabilitation (CBR) or conducting training of such workers for a minimum of 05 years.</li><li>iii. Preference will be given to those organizations who have adequate experience in developing competency based training programme and have CBR field training sites.</li></ol>
<b>How to apply</b>	:	Eligible organizations fulfilling the above criteria may obtain the detailed Norms, Guidelines and Application Form from the Council's website- www.rehabcouncil.nic.in. The completed application form should be submitted along with relevant documents on or before 30 <sup>th</sup> January, 2024.

(Dr. Sandeep Tambe)  
Deputy Director



## Rehabilitation Council of India

(A Statutory Body under the Ministry of Social Justice & Empowerment) Department  
of Empowerment of Persons with Disabilities (Divyangjan), Government of India

B-22, Qutab Institutional Area, New Delhi-110016

Tel.:011-2653 2408, 2653 2384, 26534287, 26532816 Fax: 011-26534291

Email: rci-depwd@gov.in Website: www.rehabcouncil.nic.in



### Minimum requirement for conducting the CBID training Programme

- Organizations with adequate experience in developing competency based training programme and having CBR field training sites.
- Classroom learning and online learning facilities for students.
- Linkages with Anganwadi Centres, National Rural Health Mission, SSA, National & State Flagship programmes.
- Linkages with Occupational Therapy, Physiotherapy, Speech Therapy, Prosthetics & Orthotics units for hands on training .
- Facilities of computers, internet, white board, LCD projector and other requirements for conduct of face-to-face training programme etc.
- Library and with adequate number of books and manuals in CBR, WHO CBR Guidelines, Participatory Rural Appraisal (PRA), standardized resource kit and screening material in accessible format, Portage manuals, Disabled Village Children and other reference material as mentioned in CBID programme.
- Access to online resources.

#### Faulty requirement: 02 full time (minimum) and visiting faculty as per requirement

- (i) RCI registered Rehabilitation Professional with a minimum of 02 years of experience in CBR – **02 full time.**
- (ii) Visiting faculty – Special Educator, Rehabilitation Social Worker, Medical Professional, Occupational Therapist, Physiotherapist, Audiologist & Speech Therapist, Prosthetics & Orthotics and experts in rural development and sustainable livelihood.



## Rehabilitation Council of India

(A Statutory Body under the Ministry of Social Justice & Empowerment)

Department of Empowerment of Persons with Disabilities (Divyangjan), Government of India

B-22, Qutab Institutional Area, New Delhi-110016

Tel.:011-2653 2408, 2653 2384, 26534287, 26532816 Fax: 011-26534291

Email: rci-depwd@gov.in Website: www.rehabcouncil.nic.in



### General Guidelines

**Note:** Before applying for approval of the CBID training programme, applicant organizations are advised to carefully go through the Norms and General Guidelines of the proposed training programme. The applicant organizations must ensure that they are having requisite infrastructural facilities as per the norms of the training programme.

1. CBID training programme shall not be started without the prior approval of the Council.
2. To obtain approval of Council, the organizations desirous to conduct the CBID training programme shall submit completed application form in hard copy on or before 30<sup>th</sup> January, 2024 alongwith the following documents:
  - i. Certified copy of the Registration Certificate of the Society/Trust under appropriate Authority.
  - ii. Certified copy Registration Certificate under RPwD Act, 2016.
  - iii. Certified copy of the bye-laws/ Constitutions including list of Trustees/ Board Members.
  - iv. Copy of consent letters of the faculty with RCI's registration number with latest photograph.
  - v. Annual Report of the organization for the last 02 years.
  - vi. Certified Audited Statement of Accounts of the organization for the last 02 years.
  - vii. Undertaking on non-judicial stamp paper of Rs. 50/- stating that the organization must ensure the availability of required infrastructural and facilities throughout the course.
  - viii. Processing fee of Rs. 10,000/- through payment gateway through RCI website.
  - ix. Copy of NOC from the State Government

**Note:** Proposal received after the due date will not be accepted under any circumstances.

# REHABILITATION COUNCIL OF INDIA

(A Statutory Body under the Ministry of Social Justice & Empowerment)  
Department of Empowerment of Persons with Disabilities (Divyangjan), Government of India  
B-22, Qutab Institutional Area, New Delhi-110016

## APPLICATION FORM FOR COMMUNITY BASED INCLUSIVE DEVELOPMENT PROGRAMME (Academic Session 2023-24)

Note- The field marked with \* is mandatory-No column is to be kept blank. Wherever information is NOT available please mention as Nil; in case of NOT applicable 'NA' to be mentioned.

### PART-A

General Information (please fill up complete form with full detail)

Profile of the Institution:

1. Name and address of the institution  
(where the proposed programme is to be conducted)

2. State\*

3. Website (It must be functional):

4. Contact Details:

Name of Head of the Institution and Programme Coordinator	Office Number	Landline	Mobile Number	Email

5. Legal Status of the Institution

(Please tick at appropriate column, Registration Certificate to be scanned and to be attached at the end of the form) \*

Registered Society

Registered Trust

Non-Profit Registered Company

National Institutes of DEPwD

Composite Regional Centres of DEPwD

State Government run Institutes

Government Hospital

Government University

Deemed University

Financial Status

Govt. Aided

Non-Govt. Aided


**6. Financial Provisions**

Yes

NO

**7. Estimate for the proposed Programme**

(An under taking to substance the programme)

**8. (A). Details of fee structure of the proposed programme:**

Sl.No	Name of the Course	Duration (06 Months)	Tuition Fee @Rs. 20,000/-	No. of Students (40 Max.)	Total Fee Receipt for the Course

**(B). Annual recurring expenses (proposed)**

i.	Salary and Allowances (Teaching Staff)	
ii.	Salary and Allowances (Non-Teaching Staff)	
iii.	Honorarium to Guest Faculty	
iv..	Library	
v.	Training Cost	
vi.	Contingencies	
vii.	Total Annual estimate	
viii.	a. Campus area of the organization (Min.5000Sq.ft.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. Built-up area of the organization (Min.3000sq.ft.) (Refer Key point No-4 on the last page)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c. Details of the Building (In case of Rented/ Lease hold building, agreement for the duration of course is a must and the copy to be attached)	Rented <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/>

**9. Declaration / Certification to be signed and stamped:**

PART-B

1. Name of the proposed training programme :

**Community Based Inclusive Development Programme**

2. (A) Copy of the RPwD Certificate issued by the competent Authority of the State Govt.  
(please copy attach) Yes No

(B) Copy of NOC from the State Government Yes No

3. (a)Details of Core and Guest faculty for the proposed CBID Programme.

Sl. No.	Name	Address	E-mail	Mobile	Designation	Rehab./ Academic Qualification	Experience	CRR No.	Copy of consent letter to be attached

(b) Provision to appoint the faculties for the proposed programme and an undertaking in this matter to be attached saying that "Consent of faculty will be provided to the assessment team during assessment".

4. Physical infrastructure

A. Barrier free environment

S. No.	Facilities available	Yes	No
I.	Ramp/Lift		
II.	Accessible Classroom/toilet		

B. Built-up area (only for proposed training course(s)) Available Infrastructure

Sl. No.	Type of Facilities	Min. Area (Sq.ft)	Yes	No
I.	01 Classroom with adequate furniture	400.		
II.	Multi-purpose hall with adequate furniture & equipment	500		
III.	Principal / Coordinator's room	150		
IV.	Staff Room	200		
V.	Separate laboratories for Psychology, ICT	300 (min.)		
VI.	Playground for outdoor games	700 (min.)		

VII.	Library	300		
VIII.	Barrier free toilet (separate for Male & female)	150		
IX.	Resource Room for CBR related matters	300		

5. Laboratory (Availability of equipment as prescribed in the proposed course)

Sl. No.	Equipment
I.	
II.	

6. Instructional Hardware (available in the laboratory)

Sl. No.	Type of Facilities	Yes	No	Quantity
I.	Computer with Internet facilities			
II.	Digital Camera			
III.	Television			
IV.	LCD projector with screen			

7. Library (Specific books & journals as prescribed in the proposed course only, another column if not required may be kept blank)

Sl. No.	Category of Books/References	Yes	No	Quantity
I.	Books and manuals in CBR			
II.	WHO CBR Guidelines			
III.	Participatory Rural Appraisal (PRA),			
IV.	Standardized resource kit			
V.	Screening material in accessible format			
VI.	Portage manuals			
VII.	Disabled Village Children			
III.	Other reference material as mentioned in CBID programme.			
IX.	Access to online resources			

8. Course Specific Clinical Facilities (Diagnostic & Therapeutic) available. (Other than teacher training course):

Yes  No

**9. Equipment**

Description	Yes	No
Low Vision laboratory		
Resource room		
Audio library and audio recording facilities		
Braille library		
Availability of ISL services like dictionary and videos		
Screen Reading software		
CBR manuals		
CBR Videos, films (AV material and ICT)		
Prescribed screening and assessment tools		

**10. MoUs or any other documentary evidence with Institutes for conducting field work**

Description	Yes	No
Anganwadi Centre		
PHC/CHC conducting National Rural Health Mission		
Samagra Shiksha Abhiyan		
National & State Flagship programmes.		
Organization having facilities such as Occupational Therapy, Physiotherapy, Speech Therapy & Audiology, Prosthetics & Orthotics units for hands on training.		
Any other relevant information/experience in respect of CBID in support your application.		

**11. Documents needs to be attached along with the application:**

Particulars	Yes	No
Certified copy of the Registration Certificate of the Society/Trust etc under appropriate Authority.		
Certified copy Registration Certificate under RPwD Act, 2016.		
Certified copy of the bye-laws/ Constitutions including list of Trustees/Board Members.		
Copy of consent letters of the faculty with RCI's registration number with latest photograph.		
Annual Report of the organization for the last 02 years.		
Certified Audited Statement of Accounts of the organization for the last 02 years.		
Undertaking on non-judicial stamp paper of Rs.50/- stating that the organization must ensure the availability of required infrastructural and facilities throughout the course.		
Processing fee of Rs.10,000/- through payment gateway		
Copy of NOC from the State Government		

Date:

Place:

Name &amp; Signature with Seal of the Head of the Organization



**Proforma for submission of Undertaking by Training Institute on Non-Judicial Stamp Paper of Rs.100/- for obtaining provisional approval to conduct Community Based Inclusive Development (CBID) Training Programme**

**Undertaking**

I/ We, the (Name of the Trustee/ Chairman/ Principal/ Director of the (Name of the College/ Institution/ Mandal/ Trust/ Society, etc.) address

---

---

---

\_\_\_\_\_ hereby give my consent to conduct the Community Based Inclusive Development (CBID) Training Programme as per the terms & conditions as mentioned in the Council's letter no. \_\_\_\_\_ dated \_\_\_\_\_ (copy enclosed).

Place: \_\_\_\_\_ Name of the head of the training institute  
Date: \_\_\_\_\_ undertaking alongwith his/her Designation

(SEAL)