

Rehabilitation Council of India, New Delhi

Application Form for Admission to CBID Training Programme

Applicants are advised to fill up the form carefully and to be submitted to the respective Training Institutes along with requisite documents. Examinations will be conducted by National Board of Examination in Rehabilitation (NBER), RCI. Applicants may please see the details of Regulations & Scheme of Examination of NBER available at Council's website: www.rehabcouncil.nic.in.

FORM No.

Affix your latest
passport size
photograph
(4 cm × 5 cm)
duly
Self-attested

1. Enrolment

I wish to apply for admission to CBID Training Programme at CBM India Trust, Bengaluru-018
2023-24

1.	Name of the Candidate			
	Gender M/F			
2.	Father's Name			
3.	Mother's Name			
4.	Complete Postal Address with House No., Street Name, P.O., Pin Code			
5.	Date of Birth (DD/M M/YYYY)			
6.	Nationality			
7.	Mobile No.			
8.	Alternate Mobile No.			
9.	Email Id			
10.	Aadhaar Card			
11.	Whether employed or unemployed Please Tick (✓)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
12.	If employed, furnish the office address & Tel No.	Address: Tel No.:		
13.	Whether belongs to SC/ST/OBC/PwD/ EWS Please Tick (✓), If yes, attach self-attested Xerox copy of the certificate issued by the Competent Authority	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PwD <input type="checkbox"/> EWS <input type="checkbox"/> Parent/Sibling of PwDs <input type="checkbox"/>		
14.	Academic Qualification	Name of the Board/University		
	Year of Passing	Subjects		
	% of Marks Obtained			
	10 th			
	12 th			
	Graduation			
	Post Graduation and above			

Certified copies of academic qualification as mentioned in the above column to be attached along with this form

Declaration

I hereby declare that I have read and understood the eligibility conditions for admission to CBID Training Programme. I fulfil the minimum eligibility criteria and have provided relevant information and documents in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the RCI or concerned Training Institute at any time.

Date:

Place:

Signature of the Candidate

PLEASE NOTE:

1. 2 sets of Xerox copies (duly certified) of the marks sheets & certificates of the qualifying and other examinations.
2. Caste Certificate (SC/ST/OBC/PWD/EWS), if applicable.

For Office Use Only

Received by

Post	Hand
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Date of receipt of the Form _____

Eligible / Not Eligible for admission _____

Reasons for Rejection _____

Date:

(Name & Signature of admission in-charge
with seal of Training Institute)