

Part A

(Application Performa for Distance Education Programme)

**General Information**

**PROFILE OF THE INSTITUTION**

1. Name and Address of the Institution (where proposed course to be conducted)

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Contact details:

Name of contact person	S.T.D Code	Telephone No.		Fax No.
		Office	Res.	

E-mail : \_\_\_\_\_

Web site ( if any) : \_\_\_\_\_

2. Name and Address of the organization /Society/Trust/University, etc

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3. Year of Establishment : \_\_\_\_\_

4. Name of the Head of the /Society/Trust/University/Hospital, etc Contact details :

Name of contact person	S.T.D Code	Telephone No.		Fax No.
		Office	Res.	

E-mail : \_\_\_\_\_

5. Legal status of the Institution: *(Please tick at appropriate column)*

- i. A Registered Charitable Trust
- ii. A Registered Society
- iii. Registration under appropriate sections of the Income Tax Act, 1961 (from 12-A)
- iv. Department of a large Hospital
- v. Govt. Aided  Non Govt. Aided
- vii. Department of Government Hospital
- viii. University Department
- ix. Deemed University

6. If Govt. Aided/Unaided, nature of the supervisory body (please tick)

- Management Committee  - Board of Trustees

- Any other (Please specify) \_\_\_\_\_

7. Do you have approved bye-laws of the organization? Yes  No

If yes, Copies of the Registration Certificate, (duly attested) Memorandum of Association, latest minutes of the annual meeting and bye-law must be submitted with this application

8. Financial category of the institution: (please tick). *Attached documentary evidence.*

(A) - Grant-in-aid

State Govt. aided

Central Govt. aided

Foreign Agency aided

(B) - Self Financing:

Through Donations

Through Tuition Fee

Through Fund raising

9. Campus area of the Organisation (in acres) : \_\_\_\_\_

10. Were you involved in the field of Rehabilitation and Special Education in the past? If yes, give details of the rehabilitation work done by you.

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11. Location of the institution (Pleas tick) Urban

Urban

Semi Urban

Rural

Tribal

Any Other

12. Nearest railway station to the Institute and its distance:

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13. How many institutions in your State/District are catering to the needs of the disabled persons (category i.e MR/HI/VH/LH) whom you serve/propose to serve?

In State :

In District :

Note: *Kindly provide the list of institutions known to you.*

14. Any other information, the institution would like to mention which is not listed above.

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PART -B

*(Infrastructure Norms)*

1. DETAILS OF THE PROPOSED PROGRAMME :

1.1 Name of Programme (*Pl. refer the list of operational courses of RCI under Distance Education Programme*)

1.2 Why do you want to run the training programme, please justify:

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1.3 A. Level of the Programme (Please tick) :

- Certificate <input style="width: 40px; height: 20px;" type="checkbox"/>	- Degree <input style="width: 40px; height: 20px;" type="checkbox"/>
- Diploma <input style="width: 40px; height: 20px;" type="checkbox"/>	- Masters <input style="width: 40px; height: 20px;" type="checkbox"/>
- P.G. Diploma <input style="width: 40px; height: 20px;" type="checkbox"/>	- Any Other , (Please Specify) <input style="width: 40px; height: 20px;" type="checkbox"/>

B. Duration of the Programme : \_\_\_\_\_

1.4. Describe the current training Programme in the area of Special Education and Rehabilitation (If any) offered at the institute, its affiliation / recognition from University / RCI/ State Govt. to be mentioned.

Sl. No	Name of the Training Programme	Level of Prog.	University Affiliation	NOC from State Govt.	Duration	Intake Capacity	Source of funding



2.3 (C) If not available, are you in a position to appoint before start of the Porgramme.

Yes  No

*Note: The core faculty shall be appointed on full time and regular basis. Supporting academic, administrative and technical staff may be appointed as per Govt/University/Institutional/RCI-norms.*

**(d) Guest Faculty available at Training Centre (Enclose Acceptance Certificates)**

Sl. No.	Subject to be taught	Qualification (General/ Special / Rehabilitation)	Teaching Experience	No. of Session per month	Hon. per Session

2.4 Teaching Staff

Teacher-Student ratio ( For ongoing programme )  :

Note: Principal / Head of the Institution not to be included for calculating the Teacher-Pupil ratio.

2.5 Technical Support Staff (Enclose Service Certificates)

S. No.	Designation	Number	Qualification	Experience	Salary per month	Full time/ part time
1.						
2.						
3.						
4.						

## 2.6 Administrative Staff (Enclose Services Certificates)

S. No.	Designations	Number	Qualifications	Experience	Salary per month	Remarks, if any
1.						
2.						
3.						
4.						
5.						

## 3 PHYSICAL INFRASTRUCTURE (PLEASE TICK)

	Yes	No
(a) Transport facility available	<input type="checkbox"/>	<input type="checkbox"/>
(b) Toilets – (Disabled friendly)	<input type="checkbox"/>	<input type="checkbox"/>
(c) Common /Rest Room for Teachers	<input type="checkbox"/>	<input type="checkbox"/>

For a unit of 25 students, building space consisting of class rooms, library, laboratory and administrative wing, as follows:

### 3.1 Infrastructure availability

S. No.	Type of Facilities	Area	Yes	No	Number
(i)	Classroom	40sq.m. each	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii)	Multipurpose Room/Hall	60 sq.m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii)	Work Experience Room	60 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv)	Principal's Room	25 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v)	Staff Room	60 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi)	Office Room	40 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii)	Store Room	25 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(viii)	Separate laboratories for psychology, Educational Techonology etc.	75 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ix)	Hostel for Boys and girl*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(x)	A Playground for outdoor Games like-football, cricket etc.	1000 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(xi)	If not then collaboration with Institute/ University		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(xii) Small Open Place for indoor games 200 sq.m.

\* In case of No, what arrangements have been made for outstation candidates

### 3.2 Furniture (Please tick)

S.N.	Item	Yes	No	Essential	Desirable
1.	Student desk with Seats			One each	Some Extra
2	Hall with Dais			1	1
3	Chair			60	60
4	Work table for laboratory			2 big size (1.25 x .09) sqm. Each	3 bigger size
5	Book Shelves			For 300 books + Journals	500
6	Black boards for class rooms and laboratory			1 each (2.5 x 1) sqm.	1 additional board in each class (3.5X 2) mt.
7	Notice boards and bulletin boards			1 each (2.5 x 1) sqm.	1 additional board in each class (3.5X 2) mt.
8	Steel Almirah/ cabinet			One for each teacher	A central long table, in additional
9	Storage racks			As needed	

### 3.3 Laboratory Essential

*(as per the proposed programme, please refer respective syllabus)*

3.3.1. Equipment available at present *(give details)*

S. No.	Name of Equipment
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

*Note: If space is less, please add a separate sheet*

- 3.4 Instructional Hardware (Please tick)
- |   |                           |                          |
|---|---------------------------|--------------------------|
| 1 | Audio Cassette Recorder-1 | <input type="checkbox"/> |
| 2 | Overhead Projector -1     | <input type="checkbox"/> |
| 3 | VCR                       | <input type="checkbox"/> |
| 4 | Computer                  | <input type="checkbox"/> |
| 5 | Camera (Still)/Digital    | <input type="checkbox"/> |
| 6 | Television                | <input type="checkbox"/> |

3.5 Books and Journals (Please tick)

		Essential		Desirable
(a) Books including text and reference Books	300	<input type="checkbox"/>	500	<input type="checkbox"/>
(b) Professional Journals	3	<input type="checkbox"/>	10	<input type="checkbox"/>

(At least 200 books shall be added every year. This may include additional and multiple copies of text books.)

**4. CLINICAL FACILITIES (Diagnostic & Therapeutics) : For the proposed course ( Pl. refer syllabus for detail )**

4.1 Available : Yes ( ) No ( )

Log books maintained for the following:

- Equipments : Yes ( ) No ( )
- Case Register for Diagnostic : Yes ( ) No ( )
- Case Register for Therapy : Yes ( ) No ( )
- Ear Mould : Yes ( ) No ( )
- Hearing Aid Repaired : Yes ( ) No ( )
- Student Record of Clinical work : Yes ( ) No ( )
- Student Record of Class Assignment : Yes ( ) No ( )
- Prosthetic & Orthotic Workshop : Yes ( ) No ( )
- Psychological Laboratory : Yes ( ) No ( )
- Low vision laboratory : Yes ( ) No ( )
- Resource room : Yes ( ) No ( )

4.2 Practice Lab / Speech & Language Lab / Rehabilitation Centre/Prosthetic & Orthotic Laboratory/Workshop: if any. (Please mention).

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4.2.1 Attachment with any of the Medical Centre/ Rehabilitation/Educational Centre Facility of OPD

Yes

No

4.2.2 Number of cases diagnosed every month: \_\_\_\_\_

4.2.3 Number of new cases diagnosed every day: \_\_\_\_\_

## 5 SPECIAL SCHOOL ( for running a teacher training course)

5.1 Special school / practice lab / rehabilitation centres (*Managed by your own management*), if any.

Yes

No

*(Not applicable for university dept.)*

**Note:** *In case of University, please furnish the **Memorandum Of Understanding (MOU)** with any local Special School / Practice Lab / Rehabilitation Centres alongwith details of the special school..*

5.2 In case of Yes, please furnish the details.

a) Name of the Special School : \_\_\_\_\_

b) Number of children (MR/HI/VI/LH) in Special School : \_\_\_\_\_

c) Number of Special Educators/Teaching faculty in school : \_\_\_\_\_

d) Day or Residential school or both : \_\_\_\_\_

e) Funded by the State Government : Yes / No

**Note:** *List of special children, photographs of special school, classrooms, vocational section and any other relevant information may be attached.*

5.3 Details of the teaching staff (Permanent and Temporary) at present in the Special School.

Sl. No.	Name of Teaching Staff	Academic Qualifications	Rehab. Qualification	Year of Experience	RCI Reg. Number
Permanent					
1.					
2.					
3.					
4.					
5.					

Temporary					
1.					
2.					
3.					
4.					
5.					

*(Please add a separate sheet if necessary)*

5.4 Details of the Non Teaching Staff at present in the special school.

S. No.	Name	Qualifications	Experience (in year)
1.			
2.			
3.			

5.5 Facilities available at special School.

	Availability (Yes/No)		Unit	Space in Sq.Mts. <i>(wherever applicable)</i>
	Yes	No		
Classroom	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Office Room	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Principal Room	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Staff Room	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Play Ground	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Hostel for Student Trainee	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Counseling Section	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Physiotherapy Unit	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Occupational Therapy Unit	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Audiology & Speech therapy Unit	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Social Work Unit	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Psychological Unit	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----

Vocational Section	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Resource Room	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Audio Visual Room	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
Computer Room	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----

5.6 Vocational Unit used for Vocational Training for Special Children, if any.  
(please tick.)

		Yes	No
1	Wood Work	<input type="checkbox"/>	<input type="checkbox"/>
2	Handloom	<input type="checkbox"/>	<input type="checkbox"/>
3	Weaving	<input type="checkbox"/>	<input type="checkbox"/>
4	Knitting	<input type="checkbox"/>	<input type="checkbox"/>
5	Embroidery	<input type="checkbox"/>	<input type="checkbox"/>
6	Art & Craft	<input type="checkbox"/>	<input type="checkbox"/>
7	Chalk making	<input type="checkbox"/>	<input type="checkbox"/>
8	Candle making	<input type="checkbox"/>	<input type="checkbox"/>
9	Tailoring & Cutting	<input type="checkbox"/>	<input type="checkbox"/>
10	Block Printing	<input type="checkbox"/>	<input type="checkbox"/>
11	Xeroxing	<input type="checkbox"/>	<input type="checkbox"/>
12	Printing Press	<input type="checkbox"/>	<input type="checkbox"/>
13	Envelope making	<input type="checkbox"/>	<input type="checkbox"/>
14	If any other units, please specify	<input type="checkbox"/>	<input type="checkbox"/>

**DECLARATION / CERTIFICATION**

*Certified that all particulars / information given in sections A & B and sub-points therein are correct and authentic to the best of my belief and knowledge. In the event of any information found wrong, misinterpreted or suppressed wilfully, the Council shall reject the application without assigning any reason.*

*Date:*

*Place:*

*Name & Signature of the Legal  
Responsible Person for the Organisation*

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