

**Part – A**

*(Common for all the programmes)*

**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/Hospital,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 organisation? 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 Provisions

Endowment / Reserve Fund as per RCI's norms *(Please mention):*

(copy of the deposit receipt of the reserve fund to be attached along with an undertaking that the same will not be withdrawn till the validity of the training course)

\_\_\_\_\_

\_\_\_\_\_

9. 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

10. Estimate of the Course:

(A) Non Recurring Expenses ( *In Rupees* )

Building : \_\_\_\_\_

Equipment : \_\_\_\_\_

Furniture : \_\_\_\_\_

(B) Recurring Expenses (*In Rupees*) : \_\_\_\_\_

Salary and Allowances (*Teaching Staff*) : \_\_\_\_\_

Salary and Allowances (*Non-Teaching Staff*): \_\_\_\_\_

Honorarium to Guest Faculty : \_\_\_\_\_

Library : \_\_\_\_\_

Training Cost : \_\_\_\_\_

Contingencies : \_\_\_\_\_

Any Other : \_\_\_\_\_

Total Annual Budget/Estimate : \_\_\_\_\_

(C) Details of Fee structure of the proposed course :

Tuition Fee : \_\_\_\_\_

Capitation Fee : \_\_\_\_\_

Any other (Specify) : \_\_\_\_\_

(D) Give documentary evidence (verifiable) of your capability to start the programme to meet the above expenses..

Annual Report of the organisation : \_\_\_\_\_

Audited Accounts for last 2 years : \_\_\_\_\_



**PART - B**

*(Infrastructure Norms)*

**1. DETAILS OF THE PROPOSED PROGRAMME :**

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

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

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1.3 Level of the Programme (Please tick) :

1.4 Duration of the Programme :

- Certificate	<input type="checkbox"/>	Degree	<input type="checkbox"/>	
- Diploma	<input type="checkbox"/>	Masters	<input type="checkbox"/>	
- P.G. Diploma	<input type="checkbox"/>	- Any other, (please specify)	<input type="checkbox"/>	

1.5 Have you already obtained NOC / Affiliation from any of the following (tick) (Refer norms, given in the annexure for starting the programme).

	Yes	No		Yes	No
- University Affiliation	<input type="checkbox"/>	<input type="checkbox"/>	- State Government NOC	<input type="checkbox"/>	<input type="checkbox"/>
- Any other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

*Note: In case of **Yes**, a original copy of the NOC / Affiliation letter may be attached).  
In case of **No**, have you applied to the State Govt for No Objection/University for the Affiliation. Please mention.*

- 1.6 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
1.							
2.							
3.							
4.							
5.							

## 2 HUMAN RESOURCES

- 2.1 (a) Details of Teaching Staff at Training Centre for the ongoing training course of RCI, if any. (Enclose Service Certificates)

Sl. No	Designation	No.	Academic Qualification	Rehab. Qualifications	Exp.	Salary per month	RCI Reg. No.	Remarks (if any)
1.								
2.								
3.								
4.								
5.								

2.1 (b) Details of Teaching Staff at Training Centre for the proposed training course of RCI. (Enclose Service Certificates)  
 Core Faculty (Available as per RCI Norms)  
 (Details of the Core faculty i.e. Coordinator/Lecturer/Reader, etc., to be mentioned as per the norms of the proposed programme)- Please refer norms of the Proposed programme

Sl. No	Designation	No.	Academic Qualification	Rehab. Qualifications	Exp.	Salary per month	RCI Reg. No.	Remarks (if any)
1.								
2.								
3.								
4.								
5.								

**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.

(c) 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

2.2 Teaching Staff  
 Teacher-Student ratio ( For ongoing programme )  :

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

2.3 Technical Support Staff (Enclose Service Certificates)

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

2.4 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"/> |

3.1 Built-in Space/Area (for training course only)

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

#### Infrastructure availability

S. No.	Type of Facilities	Area	Yes	No	Number
1.	Classroom	40 sq.m. each	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.	Multipurpose room/Hall	60 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Work Experience Room	60 sq m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Principal's room	25 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Staff Room	60 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Office Room	40 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Store Room	25 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Separate laboratories for Psychology, Educational Technology, etc.	75 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Separate Hostel for Boys and Girls *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. A	Playground for Outdoor games likes - football, cricket etc.	1000 sq.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	If not then collaboration with Institute/University Small open place for indoor games	200 Sq. m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

3.2 Furniture (Please tick)

Sl. No.	Items	Yes	No	Essential	Desirable
(i)	Students desks with seats	<input type="checkbox"/>	<input type="checkbox"/>	One each	Some extra
(ii)	Hall with Dais Chairs	<input type="checkbox"/>	<input type="checkbox"/>	1 60	2 100
(iii)	Work tables for Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	2 big size (1.25 x .09) sqm. Each	3 bigger size
(iv)	Book shelves	<input type="checkbox"/>	<input type="checkbox"/>	For 300 books + Journals	500

(v)	Black boards for class rooms and laboratory	<input type="checkbox"/>	<input type="checkbox"/>	1 each (2.5 x 1) sqm.	1 additional board in each class (3.5 x 2) mt. each
(vi)	Notice boards and bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>	1 each (2.5 x 1) mts	1 additional board in each class (3.5 x 1) mt. 2 each
(vii)	Steel Almirah/cabinet	<input type="checkbox"/>	<input type="checkbox"/>	One for each teacher	A central long Table, in addition
(viii)	Storage racks	<input type="checkbox"/>	<input type="checkbox"/>	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
- 5 Camera (Still)/Digital
- 6 Television

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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	Yes	No
4.2.1 Attachment with any of the Medical Centre/ Rehabilitation/Educational Centre Facility of OPD	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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
<p><i>Note: List of special children, photographs of special school, classrooms, vocational section and any other relevant information may be attached.</i></p>	

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
<b>Permanent</b>					
1.					
2.					
3.					
4.					
5.					
<b>Temporary</b>					
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. (Wherever applicable)
	Yes	No		
- Classrooms	<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"/>	-----	-----
- Toilets	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
- Hostel for Student Trainees	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
- Counselling 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   -----
- 
- Computer Room   -----

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

		<b>Yes</b>	<b>No</b>
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		

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**PART - B**

*(To be filled up only in case institution wants to conduct training course in the area of  
Rehabilitation /Clinical Psychology)*

**1.DETAILS OF THE PROPOSED PROGRAMME :**

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

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

1.3 Duration of the Programme :

1.4 Setting in which the programme is proposed to be conducted , please (✓ ) :

- Mental Hospital
- General Hospital
- University Department

1.5 Year of establishment of the Dept. of Rehabilitation / Clinical Psychology.  
(attached document)

1.6 Have you already obtained NOC / Affiliation from any of the following (tick) (Refer norms, given in the annexure for starting the programme).

- University Affiliation	Yes	No	- State Government NOC	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
- Any other	<input type="checkbox"/>	<input type="checkbox"/>			

Note: *In case of Yes, a copy of the NOC / Affiliation letter may be attached).*

*In case of No, have you applied to the State Govt./University for the NOC / Affiliation.*

1.7 What is the proposed intake (in numbers)?

1.8 Location of the institution (Pleas tick)

Urban  Semi-urban  Rural  Tribal

Any other

1.9 Nearest railway station to the Institute and its distance:

\_\_\_\_\_

1.10 How many training institutions/hospitals in your State/District are catering to the needs of the disabled persons (category i.e MI/MR) whom you serve/propose to serve?

In State :

In District :

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

1.11 Described 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.	Affiliation / Permission	Duration	Intake Capacity	Source of funding
1.						
2.						
3.						
4.						
5.						

## 2 HUMAN RESOURCES

2.1 Details of Teaching Staff at Training Centre (Enclose Service Certificates)

(a) Core Faculty – Full time (*Available as per RCI Norms*)

*(Details of the Core faculty to be mentioned as per the norms of the proposed programme)*

Sl. No	Name & Designation	Academic Qualification	Professional Qualification	Teach/ Clinical Exp. in years	Salary per month	Reg. No.
1.						

2.						
3.						
4.						
5.						

2.2 Details of Non-teaching Core faculty to be provided in separate sheets.

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

Sl No	Name & Designation	Aacd. Qual.	Prof. Qual.	Teach/ Clinical Exp	Subject taught	Hon. Per session

2.3 Teaching Staff

Faculty-Student ratio  :

(Please mention the teacher student ratio of the proposed programme)

2.4 Administrative Staff (Enclose Services Certificates)

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

**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.

### 3 PHYSICAL INFRASTRUCTURE (PLEASE TICK)

(3.1)

S. No.	Type of Facilities	Area To be mentioned	Availability		Number
			Yes	No	
1.	Classroom		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Conference Hall		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Principal's room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	HOD Room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Office Room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Testing Room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Separate Hostel for Boys and Girls *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Playground for Outdoor games likes - football, cricket etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Convention Centre		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(3.2) Furniture (Please tick)

Sl. No.	Items	Yes	No	Essential	Desirable
(i)	Students desks with seats	<input type="checkbox"/>	<input type="checkbox"/>	One each	Some extra
(ii)	Conference Hall with Dais Chairs	<input type="checkbox"/>	<input type="checkbox"/>	1 60	2 100
(iii)	Work tables for Testing	<input type="checkbox"/>	<input type="checkbox"/>	2 big size (1.25 x .09) sqm. Each	3 bigger size

(iv)	Black boards for class rooms	<input type="checkbox"/>	<input type="checkbox"/>	1 each (2.5 x 1) sqm.	1 additional board in each class (3.5 x 2) mt. each
(v)	Notice boards and bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>	1 each (2.5 x 1) mts	1 additional board in each class (3.5 x 1) mt. 2 each
(vi)	Steel Almirah/cabinet	<input type="checkbox"/>	<input type="checkbox"/>	One for each teacher	A central long Table, in addition
(vii)	Storage racks	<input type="checkbox"/>	<input type="checkbox"/>	As needed	

3.3 Psychological Tests materials available at present (*Enclose list of various tests questionnaires, rating scales, inventories, etc.,*)

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

*Note: If the equipment is more than 15, please add a separate sheet.*

3.4 Apparatus (enclose list of Behavior therapy apparatus, Biofeedback equipments, Stop watches and other relevant materials available with details).

3.5 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
- 5 Camera (Still)
- 6. LCD
- 7. PA System
- 8. CCTV System

3.6 Books and Journals (Please mention)

- (a) No. of relevant books in the field
- (b) No. of Professional Journals (Core Journal)
- (c) No. of Video/Audio tapes and CDs :

- Relevant books in the field and No. of volumes available (enclose list with details such as Title, Author, Year of Publication, etc.)
- Professional Journals in the field both National and International (Enclosed list with details)

**4. Clinical and Academic Training**

4.1 Patients Turnover –

	Outpatient (Monthly average)	Inpatient (Monthly average)
(a) Total no. of patients (old and new)	<input type="text"/>	<input type="text"/>
(b) No. of New patients	<input type="text"/>	<input type="text"/>
(c) No. of Old patents (follow up)	<input type="text"/>	<input type="text"/>

4.2 Number of patients taken up  
For Psychological assessment

- (a) IQ Assessment
- (b) Diagnostic assessment
- (c) Assessment for Learning Disability

(d) Personality assessment

(e) Neuropsychological assessment

(f) Other (specify)

4.3 No. of patients taken up for Psychological Therapies :

(a) Psychotherapy

(b) Behaviour therapy

(c) Biofeedback

(d) Marital Therapy

(e) Sex Therapy

(f) Family Therapy

(g) Hypnosis

(h) Counselling for special

group (such as HIV/AIDS, Cancer, Alcohol/Drug abused, Parents/ Caregivers,etc.)

(i) Group Therapy

(j) Retraining/Remedial training/Rehabilitation

(k) Other (specify)

4.4 Enclose details of other service activities (weekly/monthly) conducted and/or participated at the community level such as outreach camps, extension clinics, school visits, etc.

4.5 Source of Referrals (such as Psychiatry, Neurology, Neurosurgery, Pediatrics, Practioner, NGOs etc. Specify percentage of such referrals with respect each source)

Source % (On the basis of monthly statistics)

(a)

(b)

©

(d)

(e)

4.6 Facilities for Clinical postings of the trainees (Specify departments and the duration)

Department

Duration

(a)

(b)

©

(d)

4.7 Facilities for bed-side teaching : Present / Absent

4.8 Academic activities conducted over a month (enclose schedules of previous 2 years with respect to each of the following)

Number of theory classes –

Number of practical/demonstration classes –

Number of case conferences –

Number of Joint case conferences ( in collaboration with other departments) –

Number of Seminars –

Number of Joint Seminars –

Number of Journal Clubs –

Number of Tutorials –

Number of Psychotherapy meetings / role play, etc. –

4.9 Mention any other teaching assignments carried out by the faculty.

Course	Number of hours (per month)	Subject taught
-----	-----	-----
-----	-----	-----

4.10 Faculty participation

(a) Participation in national/Regional/State level academic programs such as Conferences/Seminars/Workshops/Teaching program, etc.

By the faculty (enclose list for previous 2 years)

By the trainees (enclose list for previous 2 years)

(b) Any other accomplishments (Award conferred, Prizes won, Nominated, Elected to professionals bodies, National/International affiliations with professional bodies, etc.) by the faculties and the trainees (enclosed details)

4.11 Research Activities

Research Projects (in the previous 2 years)

(a) Undertaken

(b) Completed

(c) On-going

(Enclose details such as title, investigators name, clinical / non-clinical, collaborating departments, duration of the projects, funded/not-funded, if funded amount and name of the funding agency, etc.)

4.12 Publication ;

Enclose details such as number of scientific articles published in indexed/non-indexed journals and chapters/books written by the faculty, etc.)

4.13 Other

How often the faculty meetings are held ?

How often feedback from trainees is obtained ?

Do the trainees maintain a log book of the work done ? (enclose a specimen copy)

Are the trainees provided with a programme manual ? (enclose a specimen copy)

**Facilities available at Training Institution for training**

	Availability (Yes/No)		Unit	Space in Sq. Mts. <i>(Wherever applicable)</i>
	Yes	No		
- Classrooms	<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"/>	-----	-----
- Toilets	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
- Hostel for Student Trainees	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
- Counselling Section	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
- Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----
- Audio Visual Room	<input type="checkbox"/>	<input type="checkbox"/>	-----	-----

- Computer Room                  -----      -----
- Psychiatric Dept.                  -----      -----
- Neuro. Dept.                  -----      -----
- Paeditric Dept.                  -----      -----
- Psychological Unit                  -----      -----

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**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*

\* \* \* \* \*

**UNDERTAKING ON NON-JUDICIAL STAMP PAPER SHOULD BE SUBMITTED  
AND REGISTERED WITH THE SUB-REGISTERAR OR ANY OTHER  
EQUIVALENT COMPETENT AUTHORITY**

I/ we, the (Names of the Trustee/Chairman/Principal/Director of the (Name of the College / Institution / Mandal / Trust /Society, etc.) hereby undertake to comply with the following in connection with my/our application for starting / establishment / changing intake capacity of seats of (Name of Course./ College ) from the Session .....

1. That the Management including the Governing Body of the Institute/College shall be constituted and the representative of RCI shall be appointed as per the guidelines of Council.
2. That the Management shall provide funds, if required for investment in developed land and in providing the related infrastructural, instructional and other facilities as per the norms and standards laid down by the Council from time to time and for meeting the recurring expenditure.
3. That the courses or programme shall be conducted as per the assessed manpower demands.
4. (a) That the admission shall be made according to the regulation and directions of the Council for such admission in the respective institutions.  
(b) That the admission to the courses shall be made only after the minimum requisite / prescribed facilities are created and the affiliating university / competent authority has given permission to start the course.  
(c) That the Institution shall not cause or allow either closure of the Institution or discontinuation of the courses (s) or start any new courses (s) or alter the intake capacity or seats without the prior concurrence of the Council.
5. That the tuition and other fees shall be charged as prescribed within the overall criteria prescribed by the Council / Government from time to time. No capitation fee shall be charged from the students / guardians of the students in any form.
6. That the accounts of the Institution shall be audited annually by a Chartered Accountant and shall be open for inspection by the Council or any board or person authorised by it.
7. That the teaching and other staff shall be selected according to procedures, qualifications and experience prescribed by Council from time to time.
8. That the Management shall strictly follow any further conditions as may be specified by the Council from time to time.
9. In the event of non-compliance by the (name of Society / Trust / Mandal / College/ Institution etc.) with regard to guidelines, norms and conditions laid, prescribed by

the Council from time to time, the Council or a body or person authorised by it shall be free of take measures for withdrawal or its approval or recognition, without consideration of any related issues and that all liabilities arising out of such a withdrawal would solely be that of the (Society / Institute / College).

10. The (College/Institute) by virtue of the approval given by Council shall not automatically become claimant to any grant-in-aid form the Council or State Government for the Institute or for recurring expenditure etc.

Place: (Name of the legally responsible person  
giving undertaking alongwith his/her official  
Date : position)

(SEAL)

1. The matter within brackets shall need to be filled up as relevant.
2. It should be ascertained that the stamp-paper and the undertaking are properly authenticated.

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