

**REHABILITATION COUNCIL OF INDIA**

**APPLICATION FORMAT FOR FRESH PROPOSAL**  
(From the Academic Session 2015-16)

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

**PART - A**

(Common proforma for application for one programme only)

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

**Profile of the Institution:**

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

2. State \*

3. Website:

4. Contact Details:

Name of Head of the Institution	STD Code*			Telephone No.	
	Office	Residence	Mobile	Fax	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)\*

A Registered Charitable Society

A Registered Society

Govt. Aided

Non Govt. Aided

Department of Government Hospital

University Department

Deemed University

6. Financial Provisions

Financial Provisions Endowment/Reserve Fund  
of Rs. 3 Lakhs for the programme is available

Yes

NO

Receipt No

Bank Name &  
Branch

Date

7. Estimate for the proposed Programme planned by Institute

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

ii. Tuition fee per annum/semester

iii. Tuition fee per annum/semester

B. Recurring expenses (in Rupees) 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. Any other \*

viii. Total Annual estimate budget

ix. Audited Statement for last 2 years

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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x. Annual report of the Organization

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(To be send alongwith application only, Not to be scanned and attach)\*

8. i. Campus area of the organization (**Min.** 1000 Square mtr )

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii. Built-up area of the organization (**Min.** 500 square mtr)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iv. Details of Building

Rented	<input type="checkbox"/>
Own	<input type="checkbox"/>
Lease	<input type="checkbox"/>

9. Declaration/Certification signed and stamped

(Download proforma. Original to be submitted alongwith the application)

[Download Declaration Certificate](#)

10. Name of the proposed RCI approved course

**PART – B**

1. Name of the proposed RCI approved course:

Have you obtained the NOC from the State Government Yes  No

***(In case of Yes, a copy of the NOC letter may be attached with the form)***

2. Describe the current training programme approved by RCI, offered at your Institute, (if any)

Yes  No

3. Human Resources

(a) Details of **Core and Guest Teaching Staff** at Training centre for RCI approved **ongoing training course** of RCI

Sl. No.	Name & Address with e-mail & mobile no.	Designation	Rehab. Qualification	Experience	CRR No.	Aadhar Card No.

***(b) Provision to appoint the core faculties for the proposed course and an undertaking in this matter to be attached saying that "Consent of core faculty will be provided to the Inspection team at the time of inspection".***

4. **Physical infrastructure**

A. Barrier free environment

S. No.	Facilities available	Yes	No
I.	Ramp/Lift	<input type="radio"/>	<input type="radio"/>
II.	Accessible Classroom / toilet	<input type="radio"/>	<input type="radio"/>

B. Built-up area (for training course only)

**Available Infrastructure**

Sl. No.	Type of Facilities	Area	Yes	No	Number
I.	Classroom with adequate furniture	300 Sq.ft.	<input type="radio"/>	<input type="radio"/>	
II.	Multi-purpose hall with adequate furniture & equipment	500 Sq.ft.	<input type="radio"/>	<input type="radio"/>	
III.	Principal / Coordinator's room	150 Sq. ft.	<input type="radio"/>	<input type="radio"/>	
IV.	Staff Room	200 Sq.ft.	<input type="radio"/>	<input type="radio"/>	
V.	Separate laboratories for Psychology, ICT	300 Sq.ft. (min.)	<input type="radio"/>	<input type="radio"/>	
VI.	Playground for outdoor games	500 Sq.ft.(min.)	<input type="radio"/>	<input type="radio"/>	
VII.	Library	300 Sq.ft.	<input type="radio"/>	<input type="radio"/>	
VIII.	Barrier free toilet (separate for Male & female)	100 Sq.ft.	<input type="radio"/>	<input type="radio"/>	

IX.	Resource Room	300 Sq.ft.	<input type="radio"/>	<input type="radio"/>	
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**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.	DVD	<input type="radio"/>	<input type="radio"/>	
II.	Computer with Internet facilities	<input type="radio"/>	<input type="radio"/>	
III.	Camera	<input type="radio"/>	<input type="radio"/>	
IV.	Television	<input type="radio"/>	<input type="radio"/>	
V.	LCD projector with screen	<input type="radio"/>	<input type="radio"/>	

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

Sl. No.	Type of Facilities	Yes	No	Quantity
I.	Special Education ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
II.	General Education ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
III.	Speech and Language ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
IV.	Audiology ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
V.	Psychology ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
VI.	P & O ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
VII.	Teacher Education ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
VIII.	Educational Management ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
IX.	Research ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
X.	Educational – Technology ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	
XI.	Any other ( <i>specific title</i> )	<input type="radio"/>	<input type="radio"/>	

At least 150 books shall be added every year for each programme. This may include additional and multiple copies of text books)

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

Yes  No

9. Maintenance of Records

- Equipments
- Maintenance of Register for diagnostic & therapy
- Ear Mould & Hearing Aid Repair Laboratory
- Prosthetics & Orthotic Workshop
- Psychological Laboratory
- Low Vision laboratory
- Resource room
- Any other (Disability specific)

Yes	No
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

10. i. Attachment with any of the Medical Centre/Rehabilitation/Educational Centre

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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ii. Facility of OPD

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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iii. Number of cases diagnosed every month

iv. Number of new cases diagnosed every day

11. Special School/ for Teacher Training Centers:

(a)	Own special /Inclusive School ( managed by your own management)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b)	Memorandum of Understanding (MoU) with any local special school for practice teaching. <i>Only applicable for University/National Institutes</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c)	Name of Special /Inclusive School		
(d)	Number of Children in Special/Inclusive School( Min. 60 CWSN with specific disability)		
(e)	Number of RCI Registered Special Teachers in School*		
(f)	Funded by State Government: Yes/No*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Note: Not to be scanned and attach. Relevant documents and photographs of special school , classrooms, vocational Section, etc. to be submitted along with application.**

ii. Details of the teaching staff available in the Special/Inclusive School

**(Core faculty should not be included in the list, it is not allowed as per RCI norms)**

Sl. No.	Name of Teaching Staff*	Academic & Rehab Qualification*	CRR No.	Aadhar Card No.

12. Facilities available at Special/Inclusive School:

Facilities	Availability		Unit	Space in Sq. Mtrs. (wherever applicable)
	Yes	NO		
Classroom	<input type="radio"/>	<input type="radio"/>		
Office Room	<input type="radio"/>	<input type="radio"/>		
Principal Room	<input type="radio"/>	<input type="radio"/>		
Staff room	<input type="radio"/>	<input type="radio"/>		
Play Ground	<input type="radio"/>	<input type="radio"/>		
Toilets	<input type="radio"/>	<input type="radio"/>		
PT/OT Room	<input type="radio"/>	<input type="radio"/>		
Audiology & Speech Therapy Unit	<input type="radio"/>	<input type="radio"/>		
Psychological Unit	<input type="radio"/>	<input type="radio"/>		
Vocational Section	<input type="radio"/>	<input type="radio"/>		
Resource Room	<input type="radio"/>	<input type="radio"/>		
Laboratory	<input type="radio"/>	<input type="radio"/>		
Audio Visual Room	<input type="radio"/>	<input type="radio"/>		

13. Curriculum Planning and its implementation\*

**(Tick whichever is applicable. Not to be scanned and attached)**

- a. Individualized Family support/ Service Plan
- b. IEP Report
- c. Teaching Learning Materials

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