

REHABILITATION COUNCIL OF INDIA

APPLICATION FORMAT FOR SEEKING EXTENSION OF APPROVAL

(From the Academic Session 2015-16)

1. Detail of Institution & its courses

Name & address of the Institute

Name of the Training course

Year of starting the course

Sanctioned intake

Total students admitted in the last academic session

Foreign students admitted in the last academic session

(if applicable, copy of permission letter from MoEA / MoH to be attached)

2. Contact Details

Name of the Head of the Institute	STD Code	Telephone Number		Mobile	Fax Number	E-mail Id	Website
		Office	Residence				

4. Processing fee and Inspection fee payment details:

	DD Number	DD Date	Amount	Issuing Bank
Processing fee				
Inspection fee				

5. Present validity of the approval
(Enclose a copy of approval order)

6. Name of the affiliating University *(if applicable)*
(Enclose a copy of latest affiliation letter)

7. Details of Reserve fund *(Please enclose the pledge certificate issued by the Bank)*

	FDR/ TDR No.	Amount	Date of Maturity	Issuing Bank
Endowment Fund				

8. Details of fee charged from the students

Admission fee	Tuition fee

9. Details of expenditure incurred on conducting the programme per annum

Salary	Honorarium	Administrative Expenditure	Total Expenditure incurred on conducting the programme

10. Audited accounts of the previous year (*enclose copy*)

11. Details of the teaching staff

(i) Existing Core faculty & Technical staff

S. No	Name of the Faculty with address, Mobile no. & e-mail	Designation	Academic Qualification	Rehab Qualification	Date of Appointment	Salary per month	CRR No.	Aadhar Card no.
1								
2								

(ii) Guest / Part time Faculty available at training centre:

S. No	Name of the Faculty with address, Mobile no. & e-mail	Academic/Rehab Qualification	Teaching experience	Subject/Topic to be taught	No. of Session per month	Honorarium per lecture	CRR No, if any	Aadhar Card no.
1								
2								

--	--

12. Teacher –trainee ratio:

13. Physical Infrastructure (please tick)

a. Building: Rented / Leased
Total Area

b. Built-up area (Min. 500 Sq
course only)

14. Infrastructure

Sl. No.	Particulars	Numbers
I.	Classrooms with adequate furniture	
II.	Multi-purpose Hall	
III.	Resource room	
IV.	Principal / coordinator room	
V.	Staff Room	

15. Equipments Available:

Sl. No.	Name of Equipment	Model No.	Cost of Equipment	Functional/ non functional
I.				
II.				
III.				
IV.				

16. Additions made to Instructional Hardware (*Please attach documentary evidences*)

Sl. No.	Particulars	Numbers
I.	DVD player	
II.	Computer with Internet facility	
III.	Digital Camera	
IV.	Television	
V.	LCD projector with screen	

17. Books/journals/Equipment (*Please attach list, whichever is applicable*)
(*Books including text and reference books; attach list with title, author, publication & number of copies*)

Sl. No.	Particulars	Quantity	
		Available Earlier	Added
I.	Special Education (<i>Specify title</i>)		
II.	General Education (<i>Specify title</i>)		
III.	Speech and Language (<i>Specify title</i>)		
IV.	Audiology (<i>Specify title</i>)		
V.	Psychology (<i>Specify title</i>)		
VI.	Teacher Education (<i>Specify title</i>)		
VII.	Educational Management (<i>Specify title</i>)		
VIII.	Research (<i>Specify title</i>)		
IX.	Educational Technology (<i>Specify title</i>)		
X.	Any other (<i>Specify title</i>)		
<i>At least 150 books shall be added every year for each programme. This may include additional and multiple copies of text books.</i>			
a.	Professional Journals (<i>attach list with title, publication and period</i>)		
b.	Audio-Visual Materials		

18. Academic Activities undertaken at the Institute:

(*Faculty participation in academic pursuits; please give details*)

- a. Research activities undertaken, if any
- b. Details of scientific articles published, if any
- c. Participation in Seminars / conferences etc.
- d. CBR activities
- e. Visits to other schools / organizations

f. Awareness programmes

19. Suggestion to improve the quality of the programme (not more than 100-150 words):

--

20. Special / Inclusive School (*Applicable for teacher training programme*)

No. of teaching Staff		Number of classes	Number of children
Previous			
Current			

Note: Attach relevant documents and photographs of special school, children, classrooms, vocational section, etc.

21. Action Taken Report on previous shortcomings in details with supportive documents:

S. No.	Shortcomings observed earlier by the RCI	Action Taken for removal of shortcomings with documentary proof.
