

REHABILITATION COUNCIL OF INDIA
B-22, Qutab Institutional Area, New Delhi

APPLICATION FORMAT FOR **FRESH PROPOSAL**
(Academic Session 2023-24)

Note:- The field marked with * is 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, if the data is in numeric form then mention '0'

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)*

Please specify the name and address of Society / Trust:

Registered Society

Registered Trust

Non Profit Registered Company

National Institutes of DEPwD

Composite Regional Centres of DEPwD

State Government run Institutes

Government Hospital

Government University

Deemed University

Financial Status

Govt. Aided

Non Govt. Aided

6. Financial Provisions

Yes NO

(Pledge certificate format issued by bank and attach)

7. Estimate for the proposed Programme planned by Institute

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

Sl.No	Course Name	Duration (years)	Tuition Fee per year (Rs.)	No. of Students	Total Fee Receipt per year (Rs.)
				Grand Total	Rs.

B. Annual recurring expenses 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 (Refer Key Point No.2)
- vii. Any other (Refer Key Point No.3)
- viii. Total Annual estimate budget
- ix. Attach Audited Statement for last 2 years (mandatory)

(Scan and Attach audited Statement at the end of the form. Also send duly attested copy with application)

- x. Attach latest Annual report of the Organization (mandatory)

8. i. Campus area of the organization (Min. 5000 Sq. ft.)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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iii. Built-up area of the organization (Min. 3000 sq. ft.)
(Refer Key point No-4 on the last page)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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iv. Details of Building
(In case of Rented/ Lease hold building, agreement for the duration of course is must and copy to be attached)

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

9. Declaration/Certification signed and stamped:

PART – B

1. Name of the proposed course:

Sl.No	Proposed Course
1	

2. Processing fee payment details:

	Transaction details	Date	Amount	Bank
Processing fee				

2. Copy of PwD Certificate from the Commissioner (Disabilities) Yes No
(please copy attach)
3. Copy of NOC from the State Government Yes No
(please copy attach)
4. Name of the current training courses of RCI conducted at your Institute, (if any)

Sl.No	Name of the Course	Sl.No	Name of the Course
1		5	
2		6	
3		7	
4		8	

5. Human Resources

(a) Details of Core and Guest faculty for each ongoing course.

Sl. No.	Name	Address	E-mail	Mobile	Designation	Rehab./ Academic Qualification	Experience	CRR 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".

6. 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 (only for proposed training course(s))

Available Infrastructure

Sl. No.	Type of Facilities	Min. Area (Sq.ft)	Yes	No	For 1 st Training Course	For 2 nd Training Course (if any)
					Number of rooms	
I.	Classroom with adequate furniture	300.	<input type="radio"/>	<input type="radio"/>		
II.	Multi-purpose hall with adequate furniture & equipment	500	<input type="radio"/>	<input type="radio"/>		
III.	Principal / Coordinator's room	150	<input type="radio"/>	<input type="radio"/>		
IV.	Staff Room	200	<input type="radio"/>	<input type="radio"/>		
V.	Separate laboratories for Psychology, ICT	300 (min.)	<input type="radio"/>	<input type="radio"/>		
VI.	Playground for outdoor games	500 (min.)	<input type="radio"/>	<input type="radio"/>		
VII.	Library	300	<input type="radio"/>	<input type="radio"/>		
VIII.	Barrier free toilet (separate for Male & female)	100	<input type="radio"/>	<input type="radio"/>		
IX.	Resource Room	300	<input type="radio"/>	<input type="radio"/>		

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.	Computer with Internet facilities	<input type="radio"/>	<input type="radio"/>	
II.	Camera	<input type="radio"/>	<input type="radio"/>	
III.	Television	<input type="radio"/>	<input type="radio"/>	
IV.	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.	Category of Books/ References	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

	Yes	No
Equipments	<input type="radio"/>	<input type="radio"/>
Maintenance of Register for diagnostic & therapy	<input type="radio"/>	<input type="radio"/>
Ear Mould & Hearing Aid Repair Laboratory	<input type="radio"/>	<input type="radio"/>
Prosthetics & Orthotic Workshop	<input type="radio"/>	<input type="radio"/>
Psychological Laboratory	<input type="radio"/>	<input type="radio"/>
Low Vision laboratory	<input type="radio"/>	<input type="radio"/>
Resource room	<input type="radio"/>	<input type="radio"/>
Speech and Audiology Laboratory	<input type="radio"/>	<input type="radio"/>
Any other (Disability specific)	<input type="radio"/>	<input type="radio"/>

10. i. Attachment with any of the Medical Centre/Rehabilitation/Educational Centre Yes No

ii. Facility of OPD Yes No

iii. Number of cases diagnosed every month

iv. Number of new cases diagnosed every day

11. Special School for Teacher Training Course:

(a)	Own special 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 School	<input type="text"/>	
(d)	Number of Children in Special School(Min. 60 CWSN with specific disability)	<input type="text"/>	
(e)	Number of RCI Registered Special Teachers in School*	<input type="text"/>	
(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 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.

12. Facilities available at Special School for teacher training course:

Facilities	Availability		Unit	Space in Sq. ft. (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"/>		

APPLICATION FORMAT FOR FRESH PROPOSAL
(From the Academic Session 2021-22)

Part – C
(Exclusively for Clinical Psychology Programme)

Note: The field marked with * are mandatory – No columns to be kept blank. Wherever, information is NOT available, mention as 'Nil', if NOT Applicable, mention as 'NA', if the data is numeric, mention '0'.

1. Name of the proposed course*:

2. Have you obtained NOC from the State Government Yes No
(In case, of Yes, a copy of the NOC letter may be attached with the form)

Copy of PwD Certificate from the Commissioner (Disabilities) Yes No
(please copy attach)

3. Human Resources

(c) Details of Core and Guest Teaching Staff at Training centre for RCI approved ongoing training programme.

Sl. No.	Name and address with mobile number and email	Designation	Rehab. Qualification	Adhar Card No.	CRR No.

(d) Provision to appoint the core faculties for the proposed programme and an undertaking in this matter to be attached saying that "Consent of core faculty will be provided to the Inspection team".

4. PHYSICAL INFRASTRUCTURE

(Please tick whichever is applicable. Do not scan and attach or submit with application, will be verified at the time of Inspection.)

Type of Facilities	Availability		Unit	Space in sq .feet
	Yes	No		
Classroom with adequate furniture*	<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"/>		
Barrier free Toilets*	<input type="radio"/>	<input type="radio"/>		
Counseling Section*	<input type="radio"/>	<input type="radio"/>		
Laboratory*	<input type="radio"/>	<input type="radio"/>		
Audio Visual Room*	<input type="radio"/>	<input type="radio"/>		
Computer Room*	<input type="radio"/>	<input type="radio"/>		
Psychiatric Dept*	<input type="radio"/>	<input type="radio"/>		
Neuro. Dept*	<input type="radio"/>	<input type="radio"/>		
Pediatric dept*	<input type="radio"/>	<input type="radio"/>		
Psychological Unit*	<input type="radio"/>	<input type="radio"/>		

5. Psychological Test Materials available at present. Enter details of various tests, questionnaires, rating scales, Inventories, etc. Do not scan and attach or submit with application, will be verified at the time of Inspection.)

Sl. No.	Name of Equipment & Apparatus*
I.	
II.	
III.	
IV.	
V.	

* List of behavior therapy apparatus, Biofeedback equipments, Stop watched and other relevant materials available will be verified during Inspection)

6 Instructions Hardware

(Please tick whichever is applicable. Do not scan and attach or submit with application, will be verified at the time of Inspection.)

	Yes	No	Units
Computer with internet facility	<input type="radio"/>	<input type="radio"/>	
Digital Camera	<input type="radio"/>	<input type="radio"/>	
LCD Projector	<input type="radio"/>	<input type="radio"/>	
CCTV System	<input type="radio"/>	<input type="radio"/>	

7. Books and Journals (As per prescribed syllabus)

Note: Please tick wherever applicable. Enter quantity and Add book & journal in the format given.

(Do not scan and attach or submit with application, will be verified at the time of inspection.)

Relevant number of books available*

(a)	No. of relevant books in the field *	
(b)	No. of professional journals (core journal) *	
(c)	No. of Audio Visual & CDs: *	

8. Records of Clinical and Academic Training

(Please tick wherever applicable, enter quantity, do not scan and attach or submit with application.

Documents will be verified at the time of inspection.)

S. No.	Patients Turnover *	Outdoor Patient (Monthly)	Indoor patient (Monthly)
(a)	Total no. of patients (old and new)*		
(b)	No. of new patients *		
(c)	No. of old patients (follow up)*		

9. Number of patients taken for psychological therapies:

(Please tick wherever applicable, enter quantity, Do not scan and attach or submit with application. Document will be verified at the time of inspection.)

	Yes	No	Quantity
(a) Psychotherapy*	<input type="radio"/>	<input type="radio"/>	
(b) Behavior Therapy*	<input type="radio"/>	<input type="radio"/>	
(c) Biofeedback*	<input type="radio"/>	<input type="radio"/>	
(d) Marital Therapy	<input type="radio"/>	<input type="radio"/>	
(e) Sex therapy*	<input type="radio"/>	<input type="radio"/>	
(f) Family Therapy&	<input type="radio"/>	<input type="radio"/>	
(g) Hypnosis*	<input type="radio"/>	<input type="radio"/>	
(h) Counseling for special group (such as HIV/AIDs, Cancer, Alcohol/drug abused, Parents/ Caregivers, etc.)*	<input type="radio"/>	<input type="radio"/>	
(i) Group Therapy*	<input type="radio"/>	<input type="radio"/>	
(j) Retraining/Remedial training/Rehabilitation*	<input type="radio"/>	<input type="radio"/>	
(k) Other (specify)*	<input type="radio"/>	<input type="radio"/>	

10. Any Other service activities (weekly/monthly) conducted and /or participated at the community level such as outreach camps, extension clinics ,school visits etc.* Yes No

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

(Do not scan and attach or submit with application, will be verified at the time of inspection.)

Source*	% (on the basis of monthly statistics)
(a)	
(b)	
(c)	

12. Facilities for Clinical postings of the trainees (Specify departments and the duration) in case, the proposed course is sanctioned.

(Do not scan and attach or submit with application, will be verified at the time of inspection.)

Department*	Duration*
(a)	
(b)	
(c)	

Note:

Financial Provisions Endowment / Reserve fund of Rs.3 Lakhs is required for the first training course and subsequently Rs.1 Lakh for each additional course. For Example, for 1 training course Rs.3 Lakhs and for 2 courses endowment fund requirement will be 3+1=4 Lakhs
