



- [Proposal Form For Training Course](#)
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The Rehabilitation Council of India (RCI) was set up as a registered society in 1986. On September, 1992 the RCI Act was enacted by Parliament and it became a Statutory on 22 June 1993. The Act was amended by Parliament in 2000 to make it more broadbased. The mandate given to RCI is to regulate and monitor services given to persons with disability, to standardise syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education. The Act also prescribes punitive action against unqualified persons delivering services to persons with disability.



**Instructions:**

**1: [Norms and guidelines for starting a rehabilitation professional course.](#)**

**2: [Instructions and specimen copy for filling up AMASS information.](#)**

Select Which is Applicable

- New Proposal Form
- Extention Proposal
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Proposal From



**Before filling up the application form, kindly click in check box below and ensure you fulfil all the conditions.**

**CHECKLIST**

**Note : The Check Marked with \* are mandatory**

1. Is your organization a registered society / trust/ company ?  
(not applicable for University / Govt. Organizations / Hospitals)  \*
2. Have you prepared your annual reports (at least for last two years)?  \*
3. Do you have the Audit Report for last two financial years? (minimum turnover of Rs.6-7 lakh per annum)  \*
4. Have you obtained NOC from the State Government (for each course separately)?  \*
5. Is endowment fund of Rs. 03 Lakh available with you for each programme?  \*
6. Do you have processing fees of Rs. 2300/- for each course?  
(Copy of draft to be scanned and attached)  \*
7. Does your organization have three years of working experience in the field of disability rehabilitation and special education?  
(not applicable for University / Govt. Organization / Hospital / General B.Ed. College / DIET Centre)
8. Do you have an own special school / rehabilitation service programme and is it operational for three years?  
(not applicable for University / Govt. Organization / Hospital / General B.Ed. College / DIET Centre)
9. Is your Special School registered under Persons with Disability Act?  
(not applicable for University / Govt. Organization / Hospital / General B.Ed. College / DIET Centre)
10. Do you have strength of special school as prescribed by RCI?  
(not applicable for University / Govt. Organization / Hospital / General B.Ed. College / DIET Centre)
11. For University / Govt. Organization / Hospital / General B.Ed. College / DIET Centre do you have MoU with special school / Rehabilitation Center?

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**Note:-The field marked with \* are mandatory- No columns to be kept empty. Wherever the information is NOT available mention as 'Nil', if NOT applicable mention as 'NA', if the data is in numeric mention '0'.**

**Part - A**

*(Common proforma for application for one programme only)*

*(Form can be saved as draft at any time , scroll down for 'Save Draft'.  
Every feeding session is for 3 hours only, please save draft in three hours )*

**General Information**

**(Please Fill Complete Form With Full Detail )**

**PROFILE OF THE ORGANIZATION**

1. Name and Address of the Institution  
(Where proposed programme to be conducted) \*

Name

Address

Select State : \*

-- Select --

Contact details:

| Name of contact person * | S.T.D<br>Code *      | Telephone No.        |                      |                      | Fax No. *            | Email *              | WebSite              |
|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|                          |                      | Office *             | Residence            | Mobile *             |                      |                      |                      |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Alternate Contact Person

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

2. Location of the organisation (Please select) \*

Urban

3. Nearest railway station to the Organisation and its distance: \*

Population of the District: \*

Population of The Town \*

4. Legal Status of the Institution:

**(Please tick at appropriate column, Registration Certificate to be scanned and attach at the end of the form) \***

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

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5. Name and Address of the Organization / Society / Trust / University / Hospital, etc.

(Copy of the Registration Certificate and certificate of renewal till date to be scanned and attached at the end of the form (if any)) \*

Name  
Address

Registration No\*: 0 dt\*: 01/01/1900 Valid Upto\*: 01/01/1900

6. Year of Establishment\*: 2011

7. Name of the Head of the Society / Trust / University / Hospital / etc.

Contact details:

| Name of the Head and designation *        | S.T.D Code* | Office * | Telephone No. |          | Fax No. * | Email * | WebSite |
|---|-------------|----------|---------------|----------|-----------|---------|---------|
|   |             |          | Residence     | Mobile * |           |         |         |
|   |             |          |               |          |           |         |         |
| Name of Alternate Persons and designation |             |          |               |          |           |         |         |
|   |             |          |               |          |           |         |         |

8. If Govt. Aided / Unaided, nature of the supervisory body

(Please tick at appropriate column. The evidentiary documents to be submitted alongwith application to the Council, Not to be scanned and attached at the end of the form) \*

Management Committee  Board of Trustees  Any other (Please specify)

NA

9. Do you have approved bye-laws of the organisation?

(If yes, copy of dully attested Memorandum of Association, latest minutes of the annual meeting and bye-laws must be submitted alongwith application to the Council, Not to be scanned and attached at the end of the form) \*

Yes  No

10. Financial Provisions

Financial Provisions Endowment / Reserve Fund of Rs. 03 Lakhs for each programme is available as per RCI's norms

Yes  No

(Download the Pledge Certificate, to submit after the approval) [Download Pledge certificate](#)

Receipt No\*: 0 Bank name & branch\*: Date\*:

11. Financial category of the institution :

(please tick at appropriate column) \*

(A)- Grant-in-aid

(Copy of the last sanction letter to be scanned and attach at the end of the form)

- State Govt. aided  
 Central Govt. aided  
 Foreign Agency aided  
 None of above

(B)- Self Financing:- Do you have financial capability to run the programme, how?

- Through Donations  
 Through Tuition Fee  
 Through Fund Raising  
 None of above

12. Estimate for the proposed Programme planned by Institute :

(A) Details of Fee structure of the proposed programme : \*

Tuition Fee : \* 0

Capitation Fee : \* 0

Any Other (Specify) : \* 0

(B) Non Recurring Expenses (In Rupees) \*

Building : \* 0

Equipment : \* 0

Furniture : \* 0

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(C) Recurring Expenses (In Rupees) \*

Salary and Allowances (Teaching Staff) : \*

0

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

0

Honorarium to Guest Faculty : \*

0

Library : \*

0

Training Cost : \*

0

Contingencies : \*

0

Any Other : \*

0

Total Annual Budget / Estimate : \*

0

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

Audited Accounts for last 2 years : \*

(Scan and attach Audited Statement at the end of the form. Also send dully attested copy with application)

Yes  No

Annual Report of the organisation:

(To be send alongwith application only, Not to be scanned and attach) \*

Yes  No

13.a) Campus area of the Organisation (in acres) less than 2.5 acre or more than 2.5 acre : \*

<2.5 ACR

b) Builtup area of the Organisation (in square mtr) : \*

0

c) Builtup area for the proposed programme (in square mtr): \*

0

d) Building: \*

( Proof of status of the building to be scanned and attach at the end of the form. All other dully attested copies with photographs to be send with application) \*

Own

14. Was your Organization involved in the field of Rehabilitation and Special Education in past? If yes, give details of the rehabilitation work done by Your Organization \*(maximum 500 words)

Yes  No

15. How many Organisation in your State / District are catering to the needs of the persons with disabilities (Enter only Numeric Data)

MR  HI  VI  OH  Other

In State  District:

Organisation known to you. \*

(Kindly send the list and details of Organisation known to you alongwith application) \*:

16. Any other information, the institution would like to mention which is not listed above. \* ( maximum 500 words)

17: An original undertaking on the non-judicial stamp paper valued Rs.50/-

(Download proforma. To be scanned and attach at the end of the form. Original to be submitted alongwith the application) \*:  
[Download Undertaking](#)

18. Declaration / Certification signed and stamped

(Download proforma. To be scanned and attach at the end of the form. Original to be submitted alongwith the application) \*:  
[Download Declaration Certificate](#)

19: Name of the proposed programme\* :

(Please refer the list of operational courses of RCI) [Course detail](#)

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**Part - B**

*(Form can be saved as draft at any time , scroll down for 'Save Draft'.  
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**(Infrastructure Norms)**

**Note:- The field marked with \* are mandatory - No columns to be kept empty. Wherever the information is NOT available mention as 'Nil', if NOT applicable mention as 'NA', if the data is in numeric mention '0'.**

1. Details of the Proposed programme:

1.1 Name of the proposed Programme\* : DEdSpEd (MR)

1.2 State the reasons for initiating the proposed Programme\* **(Maximum 500 words)**

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

- |                            |     |                       |    |                                  |
|----------------------------|-----|-----------------------|----|----------------------------------|
| - State Government NOC *   | Yes | <input type="radio"/> | No | <input checked="" type="radio"/> |
| - University Affiliation * | Yes | <input type="radio"/> | No | <input checked="" type="radio"/> |
| - Any Other *              | Yes | <input type="radio"/> | No | <input checked="" type="radio"/> |

**Note: In case of Yes, a original copy of the NOC / Affiliation letter may be scanned and attach at the end of the form and also submit alongwith application ).  
In case of No, have you applied to the State Govt for No Objection/University for the Affiliation. Please scan and attach copy of application at the end of the form.**

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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.

1.4

Yes  No

| Sl. No | Name of the Training Programme * | Level of Programme * | University Affiliation * | NOC from State Govt. * | Duration * | Intake Capacity * | Source of funding * | RCI Recognition validity from * | RCI Recognition validity to * |
|--------|----------------------------------|----------------------|--------------------------|------------------------|------------|-------------------|---------------------|---------------------------------|-------------------------------|
| 1.     | --Select--                       |                      |                          |                        |            |                   |                     |                                 |                               |
| 2.     | --Select--                       |                      |                          |                        |            |                   |                     |                                 |                               |
| 3.     | --Select--                       |                      |                          |                        |            |                   |                     |                                 |                               |
| 4.     | --Select--                       |                      |                          |                        |            |                   |                     |                                 |                               |
| 5.     | --Select--                       |                      |                          |                        |            |                   |                     |                                 |                               |

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## 2. Human Resources

2.1 (a) Details of Core and Guest Teaching Staff at Training Centre for each ongoing training programme of RCI, if any. (Enclose Service Certificates)

(NOTE: RCI registration number is compulsory)

| Sl. No | Name * | Designation * | Academic Qualification * | Rehab. Qualifications * | Exp. * | Salary per month * | RCI Registration No. * | Remarks (If any) |
|--------|--------|---------------|--------------------------|-------------------------|--------|--------------------|------------------------|------------------|
| 1      | na     | na            | na                       | na                      | na     | na                 | na                     | na               |
| 2      |        |               |                          |                         |        |                    |                        |                  |
| 3      |        |               |                          |                         |        |                    |                        |                  |
| 4      |        |               |                          |                         |        |                    |                        |                  |
| 5      |        |               |                          |                         |        |                    |                        |                  |

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2.1(b) Details of Core Teaching Staff at Training Centre for the proposed training programme of RCI.

(Service Certificate / acceptance certificate to be scanned and attach at the end of the form.)

Note: RCI registration number is compulsory and the core faculty shall be appointed on full time & regular basis. 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 on RCI website.

| Sl. No | Name * | Designation * | Academic Qualification * | Rehab. Qualifications * | Exp. * | Salary per month * | RCI Registration No. * | Remarks (If any) * |
|--------|--------|---------------|--------------------------|-------------------------|--------|--------------------|------------------------|--------------------|
| 1      |        |               |                          |                         |        |                    |                        |                    |
| 2      |        |               |                          |                         |        |                    |                        |                    |
| 3      |        |               |                          |                         |        |                    |                        |                    |
| 4      |        |               |                          |                         |        |                    |                        |                    |
| 5      |        |               |                          |                         |        |                    |                        |                    |

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2.1 (c) Details of Guest Teaching Staff at Training Centre for the proposed training programme of RCI.

(Service Certificate / acceptance certificate to be scanned and attach at the end of the form.)

| Sl. No * | Name * | Designation * | Subject to be taught * | Qualification (General/ Special/ Rehabilitation) * | Teaching Experience * | No. of session Per Month * | Hon. Per Session * |
|----------|--------|---------------|------------------------|--|-----------------------|----------------------------|--------------------|
| 1        |        |               |                        |  |                       |                            |                    |
| 2        |        |               |                        |  |                       |                            |                    |
| 3        |        |               |                        |  |                       |                            |                    |
| 4        |        |               |                        |  |                       |                            |                    |
| 5        |        |               |                        |  |                       |                            |                    |

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2.2 Teaching staff

Teacher-Student ratio(For ongoing programme) \*  :

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

2.3 Non Teaching / Technical Support Staff

**Note:** Supporting academic, administrative and technical staff may be appointed as per Govt / University / Institutional / RCI-norms.

| Sl. No | Name *               | Designation *        | Qualification *      | Experience *         | Salary per month *   | Full time / part time * |
|--------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------|
| 1      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |
| 2      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |
| 3      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |
| 4      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |

2.4 Administrative Staff

**(Name of the Core and Guest faculty should not be included in the administrative staff)**

| Sl. No | Name *               | Designation *        | Qualification *      | Experience *         | Salary per month *   | Full time / part time * |
|--------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------|
| 1      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |
| 2      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |
| 3      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |
| 4      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |
| 5      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    |

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3.

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

- (a) Transport Facility available
- (b) Toilets-(Disabled Friendly)
- (C) Common / Rest Room for Teachers
- Barrier free environment (is the building accessible)
- i. Ramp / lift
- ii. Accessible classroom

3.1

Built in space / Area (for training programme only)

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

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 | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 2.     | Multipurpose room/Hall*   | 60 sq.m.      | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 3.     | Small open place for indoor games*                                  | 200 sq.m.     | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 4.     | Principal's room*   | 60 sq.m.      | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 5.     | Staff Room*   | 60 sq.m.      | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 6.     | Office Room*  | 40 sq.m.      | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 7.     | Store Room*   | 25 sq.m.      | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 8.     | Separate laboratories for Psychology, Educational Technology, etc.* | 85 sq.m.      | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 9.     | Separate Hostel for Boys and Girls*                                 |               | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |

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10. A Playground for Outdoor games likes football, cricket etc. If not then collaboration with Institute / University\* 1000 sq.m. Yes  No
11. Library\* 60 sq.m. Yes  No
12. Toilet (Male / Female separate)\* Yes  No
13. Resource room\* 60 sq.m. Yes  No

3.2

**Furniture**

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

| Sl. No. | Items  | Yes                       | No                       | Essential                              | Desirable  | Essential desirable                                |
|---------|--|---------------------------|--------------------------|--|--|--|
| (i)     | Student desks with seats*                    | Yes <input type="radio"/> | No <input type="radio"/> | One each                               | Some extra   | Yes <input type="radio"/> No <input type="radio"/> |
| (ii)    | Hall with Dais Chairs*                       | Yes <input type="radio"/> | No <input type="radio"/> | 1<br>60                                | 2<br>100   | Yes <input type="radio"/> No <input type="radio"/> |
| (iii)   | Work tables for Laboratory*                  | Yes <input type="radio"/> | No <input type="radio"/> | 2 big size (1.25 x .09) size sqm. Each | 3 bigger size  | Yes <input type="radio"/> No <input type="radio"/> |
| (iv)    | Book shelves*                                | Yes <input type="radio"/> | No <input type="radio"/> | For 300 books + Journals               | 500  | Yes <input type="radio"/> No <input type="radio"/> |
| (v)     | Black boards for class rooms and Laboratory* | Yes <input type="radio"/> | No <input type="radio"/> | 1 each (2.5 x 1) sqm                   | 1 additional board in each class (3.5 x 2)mt. 2 each | Yes <input type="radio"/> No <input type="radio"/> |
| (vi)    | Notice boards and bulletin boards*           | Yes <input type="radio"/> | No <input type="radio"/> | 1 each (2.5 x 1) mts                   | 1 additional board in each class (3.5 x 1)mt. 2 each | Yes <input type="radio"/> No <input type="radio"/> |
| (vii)   | Steel Almira / Cabinet*                      | Yes <input type="radio"/> | No <input type="radio"/> | One for each teacher                   | A central long Table, in addition                    | Yes <input type="radio"/> No <input type="radio"/> |
| (viii)  | Storage racks*                               | Yes <input type="radio"/> | No <input type="radio"/> | As needed                              |  | Yes <input type="radio"/> No <input type="radio"/> |

3.3

**Laboratory Essential**

( Please refer respective syllabus for the proposed programme)

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

3.3.1

Equipment available at present (give details)

| S. No. | Name of Equipment*   | Model no.*           | Log book no.*        | Remarks Functional / Non functional* |
|--------|----------------------|----------------------|----------------------|--------------------------------------|
| 1.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 2.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 3.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 4.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 5.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 6.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 7.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 8.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 9.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 10.    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 11.    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 12.    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 13.    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 14.    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| 15.    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |

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3.4

## Instructional Hardware

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

|    |                                |     |                       |    | Quantity              |                                |
|----|--------------------------------|-----|-----------------------|----|-----------------------|--------------------------------|
| 1. | Audio Cassette Recorder*       | Yes | <input type="radio"/> | No | <input type="radio"/> | <input type="text" value="0"/> |
| 2. | Overhead Projector and screen* | Yes | <input type="radio"/> | No | <input type="radio"/> | <input type="text" value="0"/> |
| 3. | DVD*                           | Yes | <input type="radio"/> | No | <input type="radio"/> | <input type="text" value="0"/> |
| 4. | Computer with internet*        | Yes | <input type="radio"/> | No | <input type="radio"/> | <input type="text" value="0"/> |
| 5. | Camera*                        | Yes | <input type="radio"/> | No | <input type="radio"/> | <input type="text" value="0"/> |
| 6. | Television*                    | Yes | <input type="radio"/> | No | <input type="radio"/> | <input type="text" value="0"/> |
| 7. | LCD projector and screen*      | Yes | <input type="radio"/> | No | <input type="radio"/> | <input type="text" value="0"/> |

## Books and Journals

3.5

Note : Please tick wherever applicable. Enter quantity and Add Book detail of book & journal in the format given. (Do not submit with application , will be verified at the time of inspection. )

Add Book Detail

|   | Essential                |     | Desirable                |    | Quantity                       |
|---|--------------------------|-----|--------------------------|----|--------------------------------|
| (a) Special Education (Specify title & number)*   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (b) General Education (Specify title & number)*   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (c) Speech and language (Specify title & number)* | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (d) Audiology (Specify title & number)*           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (e) Psychology (Specify title & number)*          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (f) Teacher Education (Specify title & number)*   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |

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|   |                          |     |                          |    |                                |
|---|--------------------------|-----|--------------------------|----|--------------------------------|
| (g) Educational Management (Specify title & number)*  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (h) - Research (Specify title & number)*  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (i) Educational Technology (Specify title & number)*  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (j) Any other (Specify title & number)*   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (At least 150 books shall be added every year for each programme. This may include additional and multiple copies of text books.) |                          |     |                          |    |                                |
| (b) Professional Journals (Add detail list with title, publication & period)*   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| (c) Audio-Visual Materials*   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| 3.6 a) Computers in library*  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |
| b) Internet facility in the library.*   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="text" value="0"/> |

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4. CLINICAL FACILITIES (Diagnostic & Therapeutics):

For the proposed Programme (Please refer syllabus for detail)

Available :

4.1

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

Log books maintained for the following :\*

- Equipments
- Case Register for Diagnostic:
- Case Register for Therapy:
- Ear Mould :
- Hearing Aid Repaired :
- Student Record of Clinical work :
- Student Record of Class Assignment :
- Prosthetic & Orthotic Workshop :
- Psychological Laboratory:
- Low vision laboratory :
- Resource Room
- Any other

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4.2 Practical Lab / Speech & Language lab / Rehabilitation center / Prosthetic & Orthotic Laboratory / workshop if any (please mention)  
**(Maximum 500 words)**

4.2.1 Attachment with any of the Medical Centre / Rehabilitation / Educational Centre Facility Of OPD\*  Yes  No  
 Facility Of OPD\*  Yes  No

4.2.2 Number of cases diagnosed every month :\*

4.2.3 Number of new cases diagnosed every day :\*

Save Draft

5. SPECIAL SCHOOL (To be filled in case of special school applicable as per programme norms.)

5.1 (a) Own special school / service centre / rehabilitation centres (Managed by your own management)  
 Yes  No

5.1(b) Memorandum of Understanding (MOU) with any local Special School / Service Centre / Rehabilitation Centres along with details mentioned below.  
 (only applicable for University / National Institute / General B.Ed. College / DIET)  
 Yes  No

5.2 (a) In case of Yes, please furnish the details.

|    |   |   |
|----|---|---|
| 1) | Name of the Special School : *  | <input type="text" value="na"/>                               |
| 2) | Number of children in special School (minimum 60 students with specific disability) : * | <input type="text" value="0"/>                                |
| 3) | Number of Qualified & RCI Registered Special Teachers in school : *                     | <input type="text" value="0"/>                                |
| 4) | Day or Residential school or both : *   | <input type="text" value="0"/>                                |
| 5) | Funded by the State Government :Yes / No*   | <input type="radio"/> Yes <input checked="" type="radio"/> No |

**Note: Not to be scanned and attach . Relevent documents and photographs of special school, classrooms, vocational section , etc. to be submitted alongwith application.**

5.2 (b) Class wise details of school from early intervention centre to Xth  
**Note : Add more sheet if necessary.**

| s.no. | Class *              | Name of the child *  | Date of Birth *      | Nature of Disability * | Disability status (%) * | Aids used *          |
|-------|----------------------|----------------------|----------------------|------------------------|-------------------------|----------------------|
| 1     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>    | <input type="text"/> |
| 2     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>    | <input type="text"/> |
| 3     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>    | <input type="text"/> |

[Add More Sheet](#)

5.2(C) Is the Special School being used by any other institute for practicum.\*  
 Yes  No

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

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5.3

Details of the teaching staff (Permanent and Temporary) at present 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 Qualifications* | Rehab. Qualification* | Year of Experience*  | RCI Number*          |
|-------------------|-------------------------|--------------------------|-----------------------|----------------------|----------------------|
| <b>Permanent*</b> |                         |                          |                       |                      |                      |
| 1.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| 2.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| 3.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| 4.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| 5.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| 6..               | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| <b>Temporary</b>  |                         |                          |                       |                      |                      |
| 1.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| 2.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| 3.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| 4.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| 5.                | <input type="text"/>    | <input type="text"/>     | <input type="text"/>  | <input type="text"/> | <input type="text"/> |

5.4

Details of the Administrative Staff at present in the special school.  
 (Core faculty should not be included in the list, it is not allowed as per RCI norms)

| S. No. | Name*                | Qualifications*      | Experience (in year)* |
|--------|----------------------|----------------------|-----------------------|
| 1.     | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| 2.     | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| 3.     | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

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5.5

Facilities available at Special School.

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

|     |                                  | Availability(Yes/No) |                       |    |                       | Unit | Space in Sq. Mts.<br>(Wherever applicable) |
|-----|----------------------------------|----------------------|-----------------------|----|-----------------------|------|--|
| 1.  | Classroom*                       | yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 2.  | Office Room*                     | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 3.  | Principal Room*                  | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 4.  | Staff Room*                      | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 5.  | Play Ground*                     | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 6.  | Toilets*                         | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 7.  | Hostel for Student Trainees*     | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 8.  | Counselling Section*             | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 9.  | Physiotherapy Unit*              | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 10. | Audiology & Speech Therapy unit* | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 11. | Social Work Unit*                | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 12. | Psychological Unit*              | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 13. | Vocational Section*              | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |
| 14. | Resource Room*                   | Yes                  | <input type="radio"/> | No | <input type="radio"/> | 0    | 0  |

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15. Laboratory\* Yes  No
16. Audio Visual Room\* Yes  No
17. Computer Room\* Yes  No

5.6 Vocational Unit used for Vocational training for Special Children, if any.  
 (Please tick whichever is applicable. Do not scan and attach or submit with application, will be verified at the time of inspection.)

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

5.7 Curriculum Planning and its Implementation\*  
 Tick which ever is applicable. Not to be scanned and attached. Details to be submitted along with application.

- 1. Individualised Family Support / Service Plan
- 2. I.E.P. Reports
- 3. Yearly curriculum plan for the academic year
- 4. Group Teaching
- 5. Teaching Learning Materials

|     |  |
|-----|--|
| 5.8 | Inclusive / Integrated Set up available:   |
|     | <input type="radio"/> Yes <input type="radio"/> No   |
|     | (If Yes, submit details with name, address, distance from organisation, strength, consent letters, etc. alongwith application) |

[I agree with the terms / condition](#)

Part-A

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**Part - C**

*(Form can be saved as draft at any time , scroll down for 'Save Draft'.  
Every feeding session is for 3 hours only, please save draft in three hours )*

**Note:-The field marked with \* are mandatory - No columns to be kept empty. Wherever the information is NOT available mention as 'Nil', if NOT applicable mention as 'NA', if the data is in numeric mention '0'.**

**1. Details of the Proposed programme:**

1.1 Name of the proposed Programme\* : MPhil (RP)

1.2 Why do you want to run the training programme, please justify.\* (maximum 500 words)

1.3 Duration of the Programme:

1.4 Setting in which the programme is proposed to be conducted \*

1.5 Dept. of Rehabilitation / Clinical Psychology is available. \*

Yes  No

Year of Establishment \*:

**In case of Yes, a copy of the documents of establishment to be scanned and attach at the end of the form and also submit alongwith application**

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

State Government NOC \*  Yes  No

University Affiliation \*  Yes  No

Any other\*  Yes  No

**Note: In case of Yes, a original copy of the NOC / Affiliation letter may be scanned and attach at the end of the form and also submit alongwith application ).  
In case of No, have you applied to the State Govt for No Objection/University for the Affiliation. Please scan and attach copy of application at the end of the form.\***

1.7 What is the proposed intake (in numbers)? \*

1.8 Location of the institution \*

1.9 Nearest railway station to the Institute and its distance.\*

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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\*:  Organisation known to you. \*

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

1.11 Describe the ongoing 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.     | <input type="text" value="Select Programm"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.     | <input type="text" value="Select Programm"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3.     | <input type="text" value="Select Programm"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4.     | <input type="text" value="Select Programm"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5.     | <input type="text" value="Select Programm"/> | <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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## 2 HUMAN RESOURCES

### 2.1 Details of Teaching Staff at Training Centre.\*

(a) Details of Core Teaching Staff at Training Centre for the proposed training programme of RCI.

( Service Certificate / acceptance certificate to be scanned and attach at the end of the form.)

Note: RCI registration number is compulsory and the core faculty shall be appointed on full time & regular basis. 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 on RCI website.

| Sl. No | Name & Designations * | Academic Qualification* | Professional Qualification* | Tech / Clinical Exp. In years * | Salary per month*    | RCI Registration No.* |
|--------|-----------------------|-------------------------|-----------------------------|---------------------------------|----------------------|-----------------------|
| 1.     | <input type="text"/>  | <input type="text"/>    | <input type="text"/>        | <input type="text"/>            | <input type="text"/> | <input type="text"/>  |
| 2.     | <input type="text"/>  | <input type="text"/>    | <input type="text"/>        | <input type="text"/>            | <input type="text"/> | <input type="text"/>  |
| 3.     | <input type="text"/>  | <input type="text"/>    | <input type="text"/>        | <input type="text"/>            | <input type="text"/> | <input type="text"/>  |
| 4.     | <input type="text"/>  | <input type="text"/>    | <input type="text"/>        | <input type="text"/>            | <input type="text"/> | <input type="text"/>  |
| 5.     | <input type="text"/>  | <input type="text"/>    | <input type="text"/>        | <input type="text"/>            | <input type="text"/> | <input type="text"/>  |

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(b) Details of Guest Teaching Staff at Training Centre for the proposed training programme of RCI.  
 (Service Certificate / acceptance certificate to be scanned and attach at the end of the form.)\*

| Sl. No | Name & Designations* | Academic Qualification* | Professional Qualification* | Tech / Clinical Exp. In years* | Subject taught*      | Hon. per session*    |
|--------|----------------------|-------------------------|-----------------------------|--------------------------------|----------------------|----------------------|
| 1.     | <input type="text"/> | <input type="text"/>    | <input type="text"/>        | <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| 2.     | <input type="text"/> | <input type="text"/>    | <input type="text"/>        | <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| 3.     | <input type="text"/> | <input type="text"/>    | <input type="text"/>        | <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| 4.     | <input type="text"/> | <input type="text"/>    | <input type="text"/>        | <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| 5.     | <input type="text"/> | <input type="text"/>    | <input type="text"/>        | <input type="text"/>           | <input type="text"/> | <input type="text"/> |

2.2 Teaching Staff

Faculty - Student ratio (For propose programme) \*  :

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

2.3 Details of Non – teaching staff to be provided in separate sheets.

Note: Supporting academic, administrative and technical staff may be appointed as per Govt / University / Institutional / RCI-norms. To be submitted alongwith application to the Council, Not to be scanned and attached at the end of the form)

2.4 Administrative Staff

Note: Supporting academic, administrative and technical staff may be appointed as per Govt / University / Institutional / RCI-norms. Name of the Core and Guest faculty should not be included in administrative staff.

| Sl. No | Name & Designation*  | Qualification*       | Experience*          | Salary per month*    | Remarks, if any*     |
|--------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5.     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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### 3 PHYSICAL INFRASTRUCTURE

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

#### 3.1 Availability

| S.No. | Type of Facilities   | Area                           | Yes                       | No                       | Number                         |
|-------|--|--------------------------------|---------------------------|--------------------------|--------------------------------|
| 1.    | Classroom*   | <input type="text" value="0"/> | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 2.    | Conference Hall*   | <input type="text" value="0"/> | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 3.    | Principal's room*  | <input type="text" value="0"/> | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 4.    | HOD Room*  | <input type="text" value="0"/> | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 5.    | Office Room*   | <input type="text" value="0"/> | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 6.    | Testing Room*  | <input type="text" value="0"/> | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 7.    | Separate Hostel for Boys and Girls**                         | <input type="text" value="0"/> | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 8.    | Play ground for Outdoor games like- football, cricket, etc.* | <input type="text" value="0"/> | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |
| 9.    | Convention Center*   | <input type="text" value="0"/> | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> |

\*\*In case of No, what arrangements have been made for outstation candidate. Please submit details alongwith application form.

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3.2 Furniture

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

| S.No. | Items                              | Yes                       | No                       | Essential               | Desirable   |
|-------|------------------------------------|---------------------------|--------------------------|-------------------------|---|
| 1.    | Students desks with seats*         | Yes <input type="radio"/> | No <input type="radio"/> | One each                | 2 big size (1.25 x .09)                               |
| 2.    | Conference Hall with Dais Chairs*  | Yes <input type="radio"/> | No <input type="radio"/> | 1 60                    | 2 100   |
| 3.    | Work tables for Testing*           | Yes <input type="radio"/> | No <input type="radio"/> | 2 big size (1.25 x .09) | 3 bigger size   |
| 4.    | Black boards for class rooms*      | Yes <input type="radio"/> | No <input type="radio"/> | 1 each(2.5 x 1) sqm.    | 1 additional board in each class (3.5 x 2) mt. each   |
| 5.    | Notice boards and bulletin boards* | Yes <input type="radio"/> | No <input type="radio"/> | 1 each (2.5 x 1mts.     | 1 additional board in each class (3.5 x 1) mt. 2 each |
| 6.    | Steel Almirah / cabinet*           | Yes <input type="radio"/> | No <input type="radio"/> | One for each teacher    | A central long Table, in addition                     |
| 7.    | Storage racks*                     | Yes <input type="radio"/> | No <input type="radio"/> | As needed               |   |

3.3 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.)

S. No. Name of Equipment \*

|     |  |
|-----|--|
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| 9.  |  |
| 10. |  |

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11.
12.
13.
14.
15.

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

3.4 Apparatus

Yes  No

**(If yes, submit list of Behavior therapy apparatus, Biofeedback equipments, Stop watched and other relevant materials available to be submitted alongwith application form.)\***

3.5 Instructional Hardware

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

- Audio Cassette Recorder-1
- Overhead Projector-1
- VCR
- Computer
- Camera (Still)
- LCD
- PA System
- CCTV System

3.6 Books and Journals

**Note : Please tick wherever applicable. Enter quantity and Add Book detail of book & journal in the format given. (Do not scan and attach or submit with application , will be verified at the time of inspection.)**

- (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\*

Yes  No

**(Add book detail in the format as given, Title, Author, Year of Publication, etc.)**

[Add Book Detail](#)

[view Books](#)

- Professional Journals in the field both National and International\*

**(Add journal detail in the format as given Title, Author, Year of Publication, etc.)**

Yes  No

[Add Journal Detail](#)

[view Journal](#)

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4. Clinical and Academic Training.

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

4.1 Patients Turnover -

|  | Outpatient<br>(Monthly avg.) | Inpatient<br>(Monthly avg.) |
|--|------------------------------|-----------------------------|
| (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 patients (follow up)*     | <input type="text"/>         | <input type="text"/>        |

4.2 Number of patients taken up For Psychological assessment

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

|   |                      |
|---|----------------------|
| (a) IQ Assessment*                      | <input type="text"/> |
| (b) Diagnostic assessment*              | <input type="text"/> |
| (c) Assessment for Learning Disability* | <input type="text"/> |
| (d) Personality assessment *            | <input type="text"/> |
| (e) Neuropsychological assessment*      | <input type="text"/> |
| (f) Other (specify)*                    | <input type="text"/> |

4.3 Number of patients taken for Psychological Therapies:

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

|  |                      |
|--|----------------------|
| (a) Psychotherapy*   | <input type="text"/> |
| (b) Behaviour therapy*   | <input type="text"/> |
| (c) Biofeedback*   | <input type="text"/> |
| (d) Marital Therapy *  | <input type="text"/> |
| (e) Sex Therapy*   | <input type="text"/> |
| (f) Family Therapy *   | <input type="text"/> |
| (g) Hypnosis*  | <input type="text"/> |
| (h) Counselling for special group<br>(such as HIV / AIDS, Cancer, Alcohol / Drug abused,<br>Parents / Caregivers, etc.)* | <input type="text"/> |
| (i) Group Therapy*   | <input type="text"/> |
| (j) Retraining / Remedial training / Rehabilitation*   | <input type="text"/> |
| Other (specify)*   | <input type="text"/> |

4.4 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

(If yes, submit details alongwith application form.)

4.5 Source of Referrals (such as Psychiatry, Neurology, Neurosurgery, Paediatrics, Practioner, 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) <input type="text"/> | <input type="text"/>                    |
| (b) <input type="text"/> | <input type="text"/>                    |
| (c) <input type="text"/> | <input type="text"/>                    |
| (d) <input type="text"/> | <input type="text"/>                    |
| (e) <input type="text"/> | <input type="text"/>                    |

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

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

| Department *             | Duration *           |
|--------------------------|----------------------|
| (a) <input type="text"/> | <input type="text"/> |
| (b) <input type="text"/> | <input type="text"/> |
| (c) <input type="text"/> | <input type="text"/> |
| (d) <input type="text"/> | <input type="text"/> |
| (e) <input type="text"/> | <input type="text"/> |

4.7 Facilities for bed-side teaching :\*

Present  Absent

4.8 Academic activities conducted over a month

(Submit schedules of previous 2 years with respect to each of the following alongwith the application form. Not to be scanned and attach)

|   |                      |
|---|----------------------|
| Number of theory classes -*   | <input type="text"/> |
| Number of practical / demonstration classes -*                                | <input type="text"/> |
| Number of case conferences -*   | <input type="text"/> |
| Number of joint case conferences (in collaboration with other departments) -* | <input type="text"/> |
| Number of Seminars -*   | <input type="text"/> |
| Number of Joint Seminars -*   | <input type="text"/> |
| Number of Journal Clubs -*  | <input type="text"/> |
| Number of Tutorials -*  | <input type="text"/> |
| Number of Psychotherapy meetings / role play, etc. -*                         | <input type="text"/> |

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

| Course *                 | Number of Hours (per month)* | Subject taught*      |
|--------------------------|------------------------------|----------------------|
| (a) <input type="text"/> | <input type="text"/>         | <input type="text"/> |
| (b) <input type="text"/> | <input type="text"/>         | <input type="text"/> |

4.10 Faculty participation

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

By the faculty

Yes  No

(If Yes, Submit list for previous 2 years along with the application form. Not to be scanned and attach) \*

By the trainees

Yes  No

(If Yes, submit list for previous 2 years along with the application form. Not to be scanned and attach) \*

(b) Any other accomplishments (Award conferred, Prizes won, Nominated, Elected to professional bodies, National / International affiliations with professional bodies, etc.) by the faculties and the trainees (If Yes, submit details along with the application form. Not to be scanned and attach) \*

Yes  No

4.11 Research Activities

Research Projects (in the previous 2 years)\*

Yes  No

(a) Undertaken  (b) Completed  (c) On-going  None

(If yes, submit 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. Not to be scanned and attach) \*

4.12 Publication

Yes  No

(If Yes, submit details such as number of scientific articles published in indexed / non-indexed journals and chapters / books written by the faculty, etc. Not to be scanned and attach) \*

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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? \*  
 (Submit a specimen copy alongwith application form)

Are the trainees provided with a programme manual? \*  
 (Submit a specimen copy alongwith application form)

**Facilities available at Training Institution for training**

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

| Type of Facilities           | Availability (Yes / No)   |                          | Unit                           | Space in Sq. Mts.<br>(Wherever applicable) |
|------------------------------|---------------------------|--------------------------|--------------------------------|--|
|                              | Yes                       | No                       |                                |  |
| Classroom*                   | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Office Room*                 | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Principal Room*              | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Staff Room*                  | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Play Ground*                 | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Toilets*                     | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Hostel for Student Trainees* | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Counselling Section*         | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Laboratory*                  | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Audio Visual Room*           | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Computer Room*               | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Psychiatric Dept.*           | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Neuro. Dept.*                | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Paediatric Dept.*            | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |
| Psychological Unit*          | Yes <input type="radio"/> | No <input type="radio"/> | <input type="text" value="0"/> | <input type="text" value="0"/>             |

[I agree with the terms / condition](#)

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