समेकित क्षेत्रीय कौशल विकास, पनवांस एवं दिव्यांगजन सशक्तिकरण केन्द्र

Composite Regional Centre for Skill Development,

Rehabilitation & Empowerment of Persons with Disabilities (विकारणान संस्थितकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रासय, गारत सरकार) of Empropriment of Persons with Disabilities (Disyongles), Minimpy of Social Justice & Emprovement, Gort, of शेखपुरा (पुराना धर्मशाला), आई.जी.आई.एम.एस. नर्सिंग कॉलेज के पास, पटना-800014

Sheikhpura (Old Dharamshala), Near IGIMS Nursing College, Patna -800014 Ph.-+91 6122953011/0612-2284900/2284333.

E-mail-crcpatna@rediffmail.com, Website: www.crcpatna.com

RC-Pat/Admi/2021-22

Date :- 10.09.2021

ADMISSION NOTIFICATION

The Composite Regional Centre for skill development, Rehabilitation & Empowerment of Persons with Disabilities, Patna (CRC, Patna) is a comprehensive rehabilitation centre under administrative control of NIOH, Kolkata under the Ministry of Social Justice & Empowerment, Government of India. It provides clinical and rehabilitation services,

Application are invited for admission to the academic year 2021-22 in DHLS Course recognized by Rehabilitation Council of India (RCI). Online application are invited for admission for the Academic Year 2021-22 for admission in DHLS course for CRC, Patna.

SLNo.	Course	Number of seat	Duration	Eligibility	Mode of selection
01.	Diploma in Hearing, Language and Speech (DHLS)	30	01 Years	Intermediate/10+2 passed with Science stream or equivalent examination form a recognize Board of education.	Selection is based on merit basis.

- The Application can be obtained at above address in person or can be downloaded from CRC website (www.crcpatna.com), NILD
- Application fee as applicable: Rs. 500/- for general category & OBC: Rs. 350/- for SC/ST/EWS candidates, No fee for PwD candidates may be paid through NEFT/RTOS transferred to the Composite Regional Centre for skill development Rehabilitation & Empowerment of Persons with Disabilities, Patna

Payment Details: Account Name: Composite Regional Centre for PwDs (CRC), Patna

AC No. 00000036572991537

Bank Name- State Bank of India Sheikhpura, Rajabazar

IFSC Code- SBIN0003563

- The hard copy of the application duly filled in with Payment Receipt shall be submitted at Composite Regional Centre for skill development. Rehabilitation & Empowerment of Persons with Disabilities, Patna (Sheikpura, Old Dharamsala Near IGIMS Nursing College, Patna-800014) before the due date. Application without Payment receipt and copies of certificate will not be entertained.
- The last date for Submission of application is 30/09/2021.
- Admission is subject to approval of RCI and if regretted you may be transferred to the other organization as per RCI guidelines.
- Self attested copy of the documents to be submitted along with application form:

Age Proof, Birth certificate /Admit Card Document certifying mother's and Father's Name

Permanent Residence Certificate

Registration Certificate, Admit Card. Marsheets of Xth, X11th and any other courses pursued.

Aadhar Card

Scanned Copy of signature

Passport photo 2 copics

SC/ST ORCI CWS certificate

Gup certificate, if any

Family Income certificate & Fitness Certificate of the time of joining, if selected

7. Application should be submitted to CRC, Patna Office or may be sent to the mail (academiccrepatna a gmail.com) Incomplete application will be rejected.

> (PRIYADARSHINI) Officer In-Charge, CRC, Patna

समेकित क्षेत्रीय कौशल विकास, पुनर्वास एवं दिव्यांगजन सशक्तिकरण केन्द्र

Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities

(दिव्यांगजन संशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत संस्कार)
(Dept. of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India)
शेखपुरा (पुराना धर्मशाला), आई.जी.आई.एम.एस. नर्सिंग कॉलेज के पास, पटना—800014
Sheikhpura (Old Dharamshala), Near IGIMS Nursing College, Patna -800014

Ph.-+91 6122953011/0612-2284900/2284333, E-mail-crcpatna@rediffmail.com, Website: www.crcpatna.com

APPLICATION FORM ADMISSION IN DIPLOMA IN HEARING LANGUAGE & SPEECH (DHLS)

Passport size recent photograph

1	. Name of the	Applicant:					
2	2. Father's Na	me:					
-	Mother's Na	ame:	4				
4	4. Date of Birt	h(dd/mm/yy) (Encl	ose any other	age proof co	ertificate):		
	5. Age in year	Age in years and months:					
		ale/Female/Others_					
		(Copy to be enclo	-				
		SC ST			GEN	EWS 🗍	
Me	11. Address :	e address	Corresp	ondence		Perman	nent
Me Hou	ention complet se No./Village	e address	Corresp	ondence		Perman	nent
Hou Loca	ention complet se No./Village ality/Town/City	e address	Corresp	ondence		Permar	nent
Hou Loca Dist	ention complet se No./Village ality/Town/City rict	e address				Permar	nent
Hou Loca Dist State Pin	ention complet se No./Village ality/Town/City rict e code			ondence		Permar	nent
Hou Loca Dist State Pin Mol	ention completes No./Village ality/Town/City rict ecode	lidate				Permar	nent
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Hou Loca Dist State Pin Mol Mol	ention completes No./Village ality/Town/City rict ecode oile No. of Candolile No. of Parental Id	lidate it/Guardian					
Me Hou Loca Dist State Pin Mol Mol Ema	ention completes No./Village ality/Town/City rict ecode oile No. of Candolle No. of Parental Id	lidate ht/Guardian	ppies to be en	closed-Adm	it Card, Mark		
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Me Hou Loca Dist State Pin Mol Mol Ema	ention completes No./Village ality/Town/City rict ecode oile No. of Candolle No. of Parental Id 12. Educational Name of the	lidate ht/Guardian	opies to be en	closed-Adm	it Card, Mark	sheets, Pass Cert	tificates) :
Me Hou Loca Dist State Pin Mol Mol Ema	ention completes No./Village ality/Town/City rict ecode oile No. of Candolle No. of Parental Id 12. Educationa Name of the Exam Passed	lidate ht/Guardian	opies to be en	closed-Adm	it Card, Mark	sheets, Pass Cert	tificates) :

(SC/ST/EWS - Rs. 350/-)

(PwD-Free) towards Application Fee

Online Transaction Number:

Amount:

Date:

Declaration:

	I her	eby declare	that	all the	informatio	on pro	ovided by	me	e in this	application	on.	to the	hest
of	my/our	Knowledge	are	true.	complete	and	correct	If	found	incorrect	or	false	my
car	ididature	may be trea	ited a	is canc	elled at an	y stag	ze.						

Applicant's Signature:	Date:
Parents/Guardians Signature	Date:
Note: self attested copy of the following docum	ents to be enclosed:
 Document Certifying Father's & Mother's Age Proof/ Birth Certificate Permanent Residence Certificate 	s Name sheets of 10 th , 12 th and any other courses pursued.
पुनर्वास एवं दिव्य Composite Regional (Rehabilitation & Empowe (दिव्यांगजन सशक्तिकरण विभाग, सामार्गि (Dept. of Empowerment of Persons with Disabilities (Di शेखपुरा (पुराना धर्मशाला), आई.जी.आ Sheikhpura (Old Dharamshala Ph+91 61229530)	त्रीय कौशल विकास, गंगजन सशक्तिकरण केन्द्र Centre for Skill Development, rment of Persons with Disabilities जिंक न्याय और अधिकारिता मंत्रालय, भारत सरकार) ivyangjan). Ministry of Social Justice & Empowerment, Govt. of India) ई.एम.एस. नर्सिंग कॉलेज के पास, पटना—800014 a), Near IGIMS Nursing College, Patna -800014 11/0612-2284900/2284333, ail.com, Website: www.crcpatna.com
Ack	nowledgement
Received Application form from	Form No.
S/o, D/o, W/o	for admission to DHLS Course
for the academic session 2021-22.	
Date	Receivers Signature