

समेकित क्षेत्रीय केन्द्र (दिव्यांगजन)

विकलांग सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार)
शेखपुरा बगीचा, IGIMS नर्सिंग कॉलेज, शेखपुरा, पटना 800014

Composite Regional Centre for Persons with Disabilities (Divyangjan)

(Dept. of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India)

Near IGIMS Nursing College, Seikhpuar Bagicha, sheikhpura, Patna -800014

Tele fax 0612-2284333/2284900, E-mail-crepatna@rediffmail.com

STTP/CRE COMMON APPLICATION FORM

For office use only

Application No:.....

For office use only

Prog. Date

For office use only

Coordinator Name

1. General Information

- a) Name (in block letters)
- b) Postal address for correspondence
- c) (Phone no. /E-mail address)
- d) Date of birth and age
- e) Category (GEN/OBC/SC/ST/PH)
- f) Furnish details of programmes attended by you at CRC, Patna so far.

Photo

Date of Prog.	Duration	Programme Name (s)

2. Academic Record

List serially the particulars of all examinations passed from Matriculation/Higher Secondary onwards:

Sl. No.	Examination Passed	Year	Name of School/ College/University	Certificate Number	Class/ Division
1	12 th				
2	Graduation				
3	Post Graduation				
4	RCI Diploma				

3. RCI Registration No.: _____ Year of registration _____ Date of expiry: _____

Contd. /P2

4. Career at a glance:

List all appointments held in chronological order upto the present one:

Name of the dept. organization	Post	From - To	Class & subject taught	Salary drawn	Experience in handling PWDs

Note: Enclose self attested RCI registration certificate.

UNDERTAKING

I have understood the conditions of the STTP and agree to abide by them if I am selected. I certify that to the best of my knowledge, the particulars given in this application are correct. On completion of the programme, I will share the knowledge gained with other staff of our organization/district SSA/special schools. I will also facilitate conduct of programmes on update on special education / Disability Rehabilitation in our schools/district/region to other schools and have the participant to share the knowledge gained. I understand that our organization will be acknowledged in the R&D work of CRC, Patna.

Date:

Signature of the applicant

CERTIFICATE (to be provided/filled by the employer)

This is to certify that Mr/Mrs/Miss/Dr. _____
is working as _____ in _____ and is being sponsored/
deputed / permitted for the _____ to be held
organized by the CRC, Patna from _____

Name of Officer : _____

Designation : _____

Date : _____

Signature of the Head
of the Organization with seal

OFFICIAL USE (CRC Patna)

Registration fee Rs. 2000/-

Receipt No:

Date:

Amount:

Certificate No:

Issue Date

Coordinator's Name