

दिव्यांगजन के कौशल विकास, पुनर्वास एवं अधिकारिता हेतु  
समेकित क्षेत्रीय केन्द्र (दिव्यांगजन)

**Composite Regional Centre for Skill Development,**

**Rehabilitation & Empowerment of Persons with Disabilities**

(दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार)  
(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, Sheikhpura, Patna -800014

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

**CRE REGISTRATION FORM**

Name of the CRE Prog:-

Date of the Prog:-

For office use only

Date:-

Application No:.....

**1. General Information**

a) Applicant Name (in block letters) .....

b) Postal address for correspondence .....

c) Phone no. and e-mail address .....

d) Date of birth and age .....

e) Designation .....

f) Nature of work .....

g) Name of the Organization .....

h) Address of the Organization .....

i) Furnish details of programmes attended by you at CRC, Patna so far.

Date of Prog.	Duration	Programme Name (s)

2. Educational Qualification.....

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:- Enclosed self attested RCI registration certificate.

5. Payment Details:-

DD No:

Date:

Name & Branch of the Bank:

Amount:

**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 : \_\_\_\_\_

Signature of the Head

Designation : \_\_\_\_\_

of the Organization with seal

Date : \_\_\_\_\_

**OFFICIAL USE (CRC Patna)**

Registration fee Rs. 2000. Receipt No: .....

Date:.....

Amount:.....

Certificate No: \_\_\_\_\_

Issue Date \_\_\_\_\_

Coordinator's Name \_\_\_\_\_

Accountant's Sign: \_\_\_\_\_