



सत्यमेव जयते
Government of India

क्षेत्रीय विकलांग संयोजित पुनर्वास केन्द्र
(विकलांगजन सशक्तिकरण विभाग, सामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत सरकार)
रेडक्रास भवन, उत्तरी गौंधी मैदान, पटना-800 001

Composite Regional Centre for persons with Disabilities

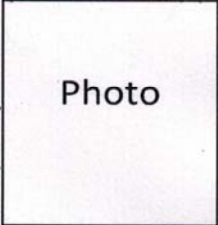
(Dept. of Empowerment of Persons with Disabilities,
Ministry of Social Justice & Empowerment , Govt. of India)
Red Cross Bhawan, North Gandhi Maidan, Patna – 800 001
Tele Fax 0612-2219333, Website: www.crcpatna.com

STTP/CRE COMMON APPLICATION FORM

For office use only For office use only For office use only For office use only
Application No:..... Prog. Number..... Prog. Date Coordinator Name

1. General Information

- a) Name (in block letters)
- b) Postal address for correspondence
- c) (with phone no. and/or e-mail address)
- d) Date of birth and age
- e) Furnish details of programmes attended by you at CRC, Patna so far.



Date of Prog.	Duration	Programme Name (s)

2. Academic Record

List serially the particulars of all examinations passed from Matriculation/Hr. 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				
5					

(State medals, scholarships, prizes and any other award, distinction or honour won during the University career)

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.

UNDERTAKING

I have understood the conditions of the SSTP 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. 720/- @ Rs 240/-per day): Receipt No: _____ Date: _____ Amount: _____

Certificate No: _____

Issue Date

Coordinator's Name