

Form No: NSP/DRTC/ACCIE/.....

**DISABILITY REHABILITATION & TRAINING CENTRE (DRTC)  
NILACHAL SEVA PRATISTHAN, DAYA VIHAR, PO-GADASAHI,  
DIST-PURI, ODISHA-752017**

E-mail: [drtc.diplomamr@gmail.com](mailto:drtc.diplomamr@gmail.com), [nilachalodisha@gmail.com](mailto:nilachalodisha@gmail.com), [Website: nilachal.org](http://Website:nilachal.org)

**Advance Certificate Course in Inclusive Education (Cross Disability)**

**Batch \_\_\_\_\_ 2018**

APPLICATION FOR ADMISSION TO **ACCIE (CD)**

Self-attested  
photograph of  
applicant

1. Name of the applicant: \_\_\_\_\_
2. Name of the Parent / Guardian: \_\_\_\_\_
3. Date of Birth (dd/mm/yy): \_\_\_\_\_ Age in years & months: \_\_\_\_\_
4. Gender: Male/Female/Others \_\_\_\_\_ CRR No.: \_\_\_\_\_
5. Nationality: \_\_\_\_\_ Aadhar No.: \_\_\_\_\_
6. Category: SC  ST  OBC  PH  Gen
7. Annual Family Income (from all sources): \_\_\_\_\_
8. Address for

	Correspondence	Permanent
State		
Pin Code		
Tel. No./ Mobile		
Email ID		

**9. Details of Rehabilitation qualifications passed:**

S.N	Name of the exam passed	Name of the Board/University	Year of Passing	Total Mark	Marks obtained	% age obtained	Subjects
1.							
2.							
3.							

**Declaration:**

I hereby declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature/admission may be treated as cancelled at any stage.

*Applicant's Signature:*

*Parent/Guardian's Signature:*

**Note: Self attested copies of caste, domicile and income certificates, mark sheet etc. should be enclosed with the application form.**