

Instruction for applying RCI Certification for Foundation Course (FCECD):

1. Please read the instructions carefully before filling up the form. Appropriate information should be filled by the candidates.
2. The candidate's name should be filled in capital in the application form as per the name mentioned in his/her Xth / XIIth Certificate / Marksheet.
3. Following documents must be attached along with the application form:
 - Recent Passport size colour photograph.
 - Original UTR/TRN Slip issued by Bank (NEFT payment)
 - Original Certificate of Authentication with recent passport size colour photograph
 - Self attested copy of Final Mark sheet of FCECD
 - Self attested copy of passing Certificate of FCECD
 - Self attested copy of Xth / XIIth Certificate / Marksheet (for age proof & name)
4. Payment of **Rs.1000/-** through NEFT. Bank detail is as under:

| Detail of bank account of the RCI for depositing the Registration Fee | |
|---|----------------------------------|
| Account Holder's Name | REHABILITATION COUNCIL OF INDIA |
| Name of Bank | Canara Bank |
| Address of Bank | Jit Singh Marg, New Delhi-110067 |
| Account Number | 1484101026701 |
| Type of Account | Saving |
| IFSC Code | CNRB0001484 |

5. Original Certificate of Authentication with recent passport size photograph should be submitted with seal & stamp from the institution from where the candidate has passed out FCECD qualification.
6. RCI Certificate for FCECD will be issued **only after verification** of hardcopies submitted by the applicant. If any information is found unsatisfactory / fake / fraud the application will be cancelled. **The award of certificate will be valid only for five years.**
7. The application along with the documents should be sent to the given address:

**Member Secretary,
Rehabilitation Council of India
B-22, Qutub Institutional Area,
New Delhi - 110016.**

**APPLICATION FORM FOR CERTIFICATION OF
FOUNDATION COURSE ON EDUCATION OF CHILDREN WITH DISABILITIES**

Applicant's Name

| Title | Candidates' Name | Middle Name | Last Name | Photograph |
|-------|------------------|-------------|-----------|-------------------------|
| | | | | Affix colour photograph |

Applicant's Father's/ Husband Name

| Title | Candidates' Name | Middle Name | Last Name | Signature |
|-------|------------------|-------------|-----------|-----------|
| | | | | |

Present Address

| | | | |
|--|-------------|--------------|------------|
| | Dist | State | Pin |
| | | | |

Permanent Address

| | | | |
|--|-------------|--------------|------------|
| | Dist | State | Pin |
| | | | |

| Sex | Date of Birth (dd/mm/yyyy) | Community Status | Email | Contact No |
|-----|----------------------------|------------------|-------|------------|
| | | | | |

| Academic Qualification | University | Year of passing |
|------------------------|------------|-----------------|
| | | |

Foundation Course Details

| Institute Name | University | Course Name | Batch | Batch year |
|----------------|------------|-------------|-------|------------|
| | | | | |

Declaration by the applicant:

I, _____ hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my certification is liable to be cancelled. I, make this declaration on _____ (DD/MM/YYYY) without any outside pressure and agree to abide by the same.

Date : _____ Place: _____ Signature: _____

Enclosures:

1. UTR slip of NEFT of Rs.1000/-
2. Original Authentication Certificate from the Institute
3. Marklist and Passing certificate of Foundation Course

(Note: This is a specimen copy. This format should be issued on the original letterhead of the Training Institute / College / University department)

File no.:

Date:

CERTIFICATE OF AUTHENTICATION

This is to certify that Ms. / Mr. _____ D/o / S/o / Mrs. / Mr. _____ has successfully completed the Foundation Course on Education of Children with Disability (FCECD) programme from our institute from _____ batch in the academic session _____. The relevant documents like passing certificate and mark sheet have been verified.

The programme is approved by the Rehabilitation Council of India, New Delhi through ODL vide their MoU no. _____ dated _____ to _____ University and is offered at _____ institute under the University vide order no. _____ dated _____.

Course Co-ordinator / HOD
(Name, sign and seal)