



COMPOSITE REGIONAL CENTRE FOR PERSONS WITH DISABILITIES (CRC), GORAKHPUR
समेकित क्षेत्रीय कौशल विकास, पुनर्वास एवं दिव्यांगजन सशक्तीकरण केन्द्र (सी.आर.सी.) - गोरखपुर

(Under the administrative control of NIEPVD, Dehradun)

DEPwD, Ministry of Social Justice & Empowerment, Govt. of India
10, Sitapur Eye Hospital, Park Street, Civil Lines, Gorakhpur (UP), PIN-273009
Ph: 0551- 2202024, E-mail: crcgkpr@gmail.com, Website: www.crcgkp.org.in

APPLICATION FORM

CERTIFICATE COURSE IN CARE GIVING (CCCG)

Application No. _____
(To be filled by office only)

Recent colour
passport size
photograph

Name: (Block Letters only) _____

Mother's Name: _____

Father's Name: _____

Date of Birth: _____ Gender: _____ Nationality: _____

Category: Gen / SC / ST / OBC Territory: Rural / Urban

Marital Status: Married / Un Married Religion: _____

Whether Persons with Disability: Yes / No (If yes, type of Disability): _____

Complete Permanent Address with PIN Code: (Block Letters only)

E-mail ID: _____

Complete Correspondence Address with PIN Code: (Block Letters only)

Contact Details: Self _____ Guardian/ Parent's _____

Academic Details:

Exam Passed	Name of School/ College/ Inst.	Year of Passing	Board / University	Subjects	% Aggr. Marks	Division
10 th or Equivalent						
12 th or Equivalent						
Graduation						
Post Graduation						

Work Experience (If any):

Sr. No.	Name & Place of the Organization	Designation	Duration	
			From	To

Following Self Attested Testimonials to be attached alongwith the Application Form:

- Marksheet & Certificate of 10th or equivalent examination
- Marksheet & Certificate of 12th or equivalent examination
- Copy of Aadhar Card
- Passport Size colour photographs in white background (10 nos.)
- Anti Ragging affidavit by the student & guardian
- Caste Certificate (if applicable)
- Disability Certificate (if applicable)

Date:

Place:

(Signature of the Candidate)

DECLARATION BY THE CANDIDATE

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. Further Declare that I shall abide by the Rules and Regulations of the training centre. I am aware that my admission will be cancelled in case the details furnished by me are proved to be wrong.

Date:_____

(Signature of the Candidate)

(Sign & Stamp of Approving authority)

Official Remarks if any
