

# स्वामी विवेकानन्द राष्ट्रीय पुनर्वास प्रशिक्षण एवं अनुसंधान संस्थान



दिव्यांगजन सशक्तिकरण विभाग

सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार  
ओलटपुर, पोस्ट - बाइरोई, जिला - कटक, ओडिशा - ७५४०१०

## SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION TRAINING & RESEARCH

Dept. of Empowerment of Persons with Disabilities (DIVYANGJAN)  
Ministry of Social Justice & Empowerment, Govt. of India  
OLATPUR, P.O : BAIROI, DIST. : CUTTACK(ODISHA), PIN-754010

### REGISTRATION FORM FOR SOC/CME/WORKSHOP/SEMINAR ETC.

1. Name of the Programme & Date : \_\_\_\_\_
2. Applicant's Name (in block letters) : \_\_\_\_\_
3. Date of Birth and Age : \_\_\_\_\_
4. Designation : \_\_\_\_\_
5. Name of the Organisation : \_\_\_\_\_
6. Address of the Organisation : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Educational Qualification : \_\_\_\_\_
8. Nature of Work : \_\_\_\_\_
9. Details of Experience : \_\_\_\_\_
10. Details of Courses/Programmes : \_\_\_\_\_
11. Any other Information : \_\_\_\_\_

Date :

Signature of the Applicant

### CERTIFICATE

This is to certify that **Mr./Mrs./Ms./Dr.** \_\_\_\_\_  
\_\_\_\_\_ is working at \_\_\_\_\_  
\_\_\_\_\_ in \_\_\_\_\_ and is being  
sponsored for the above course to be conducted by **SVNIRTAR**.

Date : .....

Signature and Seal of  
HEAD OF THE ORGANISATION