

FORM I

[See Rule 13(1) and section 51(1) of the Act]

APPLICATION FOR REGISTRATION / RENEWAL OF REGISTRATION OF INSTITUTIONS FOR
PERSONS WITH DISABILITIES

A. ESTABLISHMENT DETAILS

1. Name of the Institution/ Establishment:

2. Full Postal address.
.....

Village/Taluk /Municipality/Corporation.....

Block..... District :

Post OfficePIN

Telephone No: Land Line with STD Code:

Mob: Fax :.....

Email :..... Website :.....

3.Name , Designation & Address of authorised person to whom communication is to be sent :

Name:.....Designation:.....

Address:.....

.....District :

Post Office:PIN :

Telephone No: Land Line with STD Code:

Mob: Email:.....



4. In case of renewal application:

a. Month and year of which the institution started:

b. Old Certificate No. and last date of validity :

5. Old certificate number and last date of validity (In case of registration under any other law / rules etc):

6. Category of the organisation: (Tick mark whichever is applicable and attach 2 copies of registration certificate/ rules / bye laws / memorandum of association etc.

Charitable Societies / Charitable Trust / Co-operative societies / Private Limited Company /

Individual proprietorship / Registered Partnership / Association

Any Others (Specify).....

7. Details of license from local bodies: (Attach Copy of latest license certificate)

Name of the local body: License Number:

Date of issue: Date of Validity :

8. Type of Service: (Tick mark whichever is applicable)

Care & Protection/Education/Training/Clinical or Rehabilitation services/any other service (Specify).....

a. Care & Protection

Day-care/ Hostel/ Shelter home/ any others (specify).....

b. Special Education:

Pre- school / LP /UP/ High school/ Higher secondary school/ College /

Any others (specify).....

c. Training:

Professional training / Vocational rehabilitation training centre for disabilities /

any others (specify).....

d. Clinical or rehabilitation service (Tick mark whichever is applicable)

Clinical Psychology / Rehabilitation Psychology /Audiology / Speech –Language therapy/

Hearing Aid Centre / Ear mould lab or Hearing aid repair centre / Autism Centre / Developmental therapy centre / Orientation & Mobility centre / Prosthetic or rthotic centre / Rehabilitation Engineering /



Community based rehabilitation centre for disabilities / early intervention centre for disabilities/ Any Others (specify).....

9. Types of the disabilities covering: (Tick mark whichever is applicable)

Locomotors/ Visual/ Hearing/ Speech & Language / Intellectual disabilities/

Mental disorders/ Neurological disorders/ Blood disorders / multiple disabilities/

Any Others (specify).....

B. INFRASTRUCTURE DETAILS

10. Whether the building is - Own/ Rented

If it is own building, please furnish the following details :

11. Whether building is already constructed :

If yes, state the purpose of construction :

12. Year of completion of construction :

13. Total area of the building :

(Attach copy of latest ownership certificate of the building)

Plinth area (in square feet).....Living area (in square feet).....

14. Name of the owner of the land:

15. Survey No with sub division:

16. Village :..... Taluk.....District.....

(Attach a copy of latest possession certificate)

17. Total area of land (in Ha): Total area of land meant for the disabilities (In Ha):

18. Total area of building meant for the particular disability:

19. Whether building is constructed as per the stipulation of the rights of person with disabilities Act 2016:
Yes/No.

If No, state the reason and mention the duration required for structural modification:

20. Details of facilities for waste disposal, pest control and other arrangements:

21. Capacity of institution with other facilities :



If in rented building , please furnish the following details:

22. Total area of the building meant for your establishment (in square feet) :

23. Total area of building meant for the particular disability (in square feet):

24. Name of the owner of the building (Attach a copy of latest ownership certificate):

25. Duration of the rent / lease agreement & Last date of validity (Attach a copy of latest rent /lease agreement):

26. Building / Room No.:

C. HUMAN RESOURCES DETAILS

27. Total number of staff (As on date of application):

28. Number of Permanent staff : Number of temporary staff:

29. Staff details of rehabilitation professionals/ personals: (Use extra sheet if needed)

Sl. No.	Name	Qualification	Designation	RCI Registration No.	Date of Validation

30. Other staff

Sl. No.	Name	Qualification	Designation

D. CREDENTIALS OF THE APPLICANT

31. Major activities of the institution in last two years (Annex copy of annual report)

32. Updated list of members of management committee/governing body (in applicable cases).

33. List of assets of the institution.



34. Details of Foreign contribution received if any during the last two years (Annex certificate of registration and connected documents (if applicable) :

35. Details of the sources :

Accounts of last three years.

I hereby declare that the statements made above are correct and true to the best of my knowledge. I shall abide by all provision of the Rights of Persons with Disabilities Act, 2016 (Central Act 49 of 2016) and the Rights of Persons with Disabilities (Kerala) Rules, 2020. I shall intimate to the authority concerned, in the event of any change in the particulars above. I shall comply with the standards prescribed under the Rights of Persons with Disabilities Act, 2016 and the Rights of Persons with Disabilities (Kerala) Rules, 2020 for services provided by us and also other conditions of registration as stipulated under the aforesaid Act and rules made thereunder. I declare that no person associated with the institution has been previously convicted or has been involved in any immoral act and that the organisation has not been blacklisted by the Central or State Government at any point of time.

Date:

Signature of the Applicant:

Place:

Name & Designation:

(Office Seal)

