

Form No.....

**STATE INSTITUTE FOR REHABILITATION, TRAINING AND RESEARCH (SIRTAR)**

(For Persons with Special Needs)

(Deptt. of Social Justice & Empowerment, Govt. of Haryana)

Gandhi Nagar, Rohtak – 124001

Website: [www.sirtarrohtak.com](http://www.sirtarrohtak.com)

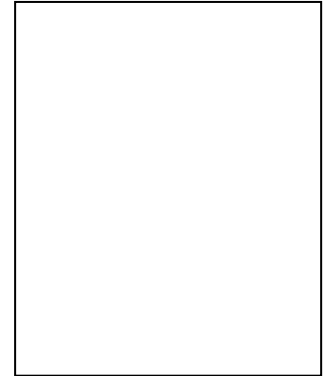
Email: [sirtaracademic@gmail.com](mailto:sirtaracademic@gmail.com)

**Admission Form**

**Post Graduation Diploma in Rehabilitation Psychology (PGDRP)**

**Academic Session – 2024-25**

1. Name of Candidate: \_\_\_\_\_
2. Father's /Husband's Name: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Gender: Male/Female/Transgender \_\_\_\_\_
6. Category: \_\_\_\_\_
7. Nationality: \_\_\_\_\_
8. Marital Status \_\_\_\_\_
9. Correspondence Address: \_\_\_\_\_



\_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

10. Permanent Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

11. Contact Details: - Mobile. No.: \_\_\_\_\_ What'sapp Mobile No: - \_\_\_\_\_

12. Aadhar No. \_\_\_\_\_

13. E-Mail ID: \_\_\_\_\_

14. MDU Reg. No.(If Any): \_\_\_\_\_

15. Educational Qualification:

Course	Board/ University	Roll No.	Subjects	Year of Passing	Marks Obtained	Max. Marks	% of Marks
10 <sup>th</sup>							
10+2							
Graduation							
Post Graduate							
Other							

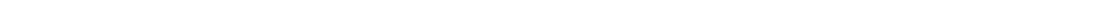
**16. Professional Qualification :**

<b>Course</b>	<b>Board/ Univer sity</b>	<b>Roll No.</b>	<b>Subje cts</b>	<b>Year of Passing</b>	<b>Marks Obtained</b>	<b>Max. Marks</b>	<b>% of Marks</b>	<b>RCI CRR No.</b>

**Declaration**

I further declare that all the documents submitted & information given by me is true. If given information found wrong. Disciplinary action by jurisdiction of the Director/Principal of the Institute and other authorities of the M.D.University, Rohtak may be taken.

**Signature of Candidate & Date**



**Office Use**

Form No: -----

Name of Candidate: -

Name of Course: -

Date of Receiving: -

**Signature**