



NATIONAL INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION

Autonomous Institution under the Department of Social Justice, Government of Kerala)

Kallettumkara P O, Irinjalakuda, Thrissur 680683

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5th Batch CBID-ADMISSION NOTIFICATION

Course	Duration	Minimum Qualification	Age	Total Seats	Tuition Fees
Certificate Programme in Community Based Inclusive Development (CBID)	06 months Regular 9 am to 4 pm	SSC/10 th standard Examination PASSED from any recognized State or Central Board	Minimum age 18 years at the time of admission, upper Age: No Bar	40	₹2,000 (Rupees Two thousand only)

- This program is recognized by **Rehabilitation Council of India (RCI), New Delhi**
- Certified personnel, will be termed as 'Divyanga Mitra', (friends of Persons with Disabilities) and will be eligible to work at various projects and Programmes of Central/ State Govt. Organizations and NGOs.
- Last of admission: 20th September, 2025
- Seats Reservation will be as per Govt. rules
- PWD students with UDID card holder will receive a refund of ₹4,000 (four thousand) on upon successful completion of the course on first attempt
- Non-PWD students who passed on their first attempt will receive a refund of ₹ 2,000 (two thousand)

Important Dates:

1. Admission Notification for 5th Batch CBID – 13-09-2025
2. Completion of Admission Process- 20-09-2025
3. Commencement of Classes – 3rd October 2025

Sd/-
Executive Director



Application Form for Admission to CBID Training Programme

Applicants are advised to fill up the form carefully and to be submitted to the respective Training Institutes along with requisite documents. Examinations will be conducted by National Board of Examination in Rehabilitation (NBER), RCI. Applicants may please see the details of Regulations & Scheme of Examination of NBER available at Council's website: www.rehabcouncil.nic.in

Affix your latest
passport size
photograph (4 cm
× 5 cm) duly Self-
attested

FORM No. _____

1. ENROLMENT

I wish to apply for admission to CBID Training Programme at RCI approved training institute
**(NATIONAL INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION, Kallettumkara P O,
Irinjalakuda, Thrissur 680683)** Ph: 0480-2881959, +91 75608 70111, email: nipmrin@gmail.com
website: www.nipmr.org.in

1.	Name of the Candidate				
2.	Father's Name				
3.	Mother's Name				
4.	Complete Postal Address with House No., Street Name, P.O., Pin Code, Dist., State				
5.	Date of Birth (DD/M M/YYYY)				
6.	Nationality				
7.	Mobile No.				
8.	Alternate Mobile No.				
9.	Email Id				
10.	Aadhaar Card				
11.	Whether employed or unemployed Please Tick (☐)		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
12.	If employed, furnish the office address & Tel No.		Address: Tel No.:		
13.	Whether belongs to SC/ST/OBC/PwD/EWS Please Tick (☐), If yes, attach self-attested Xerox copy of the certificate issued by the Competent Authority		SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>
			PwD <input type="checkbox"/>	EWS <input type="checkbox"/>	
14.	Academic Qualification	Name of the Board/ University	Year of Passing	Subjects	% of Marks Obtained
	10 th				
	12 th				
	Graduation				
	Post-Graduation and above				

Certified copies of academic qualification as mentioned in the above column to be attached along with this form

2. Declaration

I hereby declare that I have read and understood the eligibility conditions for admission to CBID Training Programme. I fulfill the minimum eligibility criteria and have provided relevant information and documents in this regard. In the event of any information being found incorrect or misleading, my application shall be liable for cancellation by the RCI or concerned Training Institute at any time.

Date:

Place:

Signature of the Candidate

PLEASE NOTE:

1. 2 set of Xerox copies (duly certified) of the marks sheets, two passport size photographs & certificates of the qualifying and other examinations.
2. Caste Certificate (SC/ST/OBC/PWD/EWS), if applicable.

For Office Use Only

Received by

Post	Hand
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 Date of receipt of the form _____

Eligible / Not Eligible for admission _____

Reasons for Rejection _____

Date:

(Name & Signature of admission in-charge
with seal of Training Institute)

3. Declaration

I acknowledge that a minimum attendance of 80% is required for all theory components and 90% for all practical and practicum components in order to successfully complete the course. I understand that if I fail to meet the stipulated attendance criteria, I will be required to pay a fee of Rs. 18,000 to be permitted to appear for the examination and thereby fulfill the course requirements. I hereby agree to adhere to the attendance criteria and all other requirements necessary for the completion of the course.

Date:

Place:

Signature of the Candidate