SWAMI VIVEKANAND NATIONAL INSTITUTE OF REHABILITATION TRAINING AND **RESEARCH (SVNIRTAR)**



(An autonomous body under Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India)

AT: - OLATPUR, P.O:- BAIROI, DIST:-CUTTACK, ODISHA:- 754010

Application No.				Ro	ll No.								Paste recent passport size
1. APPLICATION FO	OR MPT/I	MOT : (w	rite in	ı full -	in the	`	filled l	by the	e offic	ice)			Colour photograph here
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4. FATHER'S/GUAF	RDIAN'S N	AME:											
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 5. DATE OF BIRTH (As given in 10th pass or equivalent certification) 6. DATE OF BIRTH 7. ADDRESS (IN CA) 	te) (IN WORE	ŕ		MON				EAR					
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8. WHETHER EMPLOYED: (Please tick $()$ in the appropriate box)								
(I	YES NO							
(1	(If employed, no objection certificate from the employer has to be submitted)							
De	Details of Employer/organization:							
	Sl. No.	N	Tame & Address of Emplo	Period				
	51. 110.	Name & Address of Employer			From:	,	То:	
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	Board/University Name & Address of the School/College Name			Name o		Year of passing		
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13.	. DATE OF COMPLETION OF INTERNSHIP:							
14.	DETAILS OF PAYMENT:							
	Amount Rs Bank Draft No DATED Name of the Bank							
15.	DECLADATION DV THE CANDIDATE.							
10.	I declare that all the particulars stated in this application are true to the best of my knowledge and belief. In the event							
	of suppression or distortion of any fact made in the above application form, I understand that I will be denied the opportunity to appear the ENTRANCE TEST/ADMISSION. If already admitted, my admission will be cancelled. I							
	also understand that the decision of the authorities regarding the admission will be final. If admitted, it is assured that							
			d regulations of the Institut nent as deemed fit by the Ins		•	round guilty	y of any miso	conduct I
			tion form should reach:	·				
	-		016 – cum - Director					
	Swami Vivekanand National Institute of Rehabilitation Signature of the Candidate							
	Training & Research, At: Olatpur, PO.:Bairoi, Place: Dist: Cuttack (Odisha) -754010 Date:							



Swami Vivekanand National Institute of Rehabilitation Training and Research (An autonomous body under Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Govt. of India) Olatpur, PO: Bairoi, Dist: Cuttack, Odisha: 754010

PROVISIONAL ADMIT CARD FOR PG ENTRANCE TEST-2016 (MPT & MOT)

Date & Time of Exam: - 26/06/201	6 at 11.00 hrs.					
Candidates are allowed to enter the	occupy seats	Paste recent				
only 15 minutes before the examina		passport size				
Candidate's Name		photograph here				
Age						
Course of Admission						
Roll No	(To be filled in	by the office)				
*All the particulars except Roll No. Identity Card, must be filled up by t		e, Age, Sex and Address men	tioned in the Provisional			
Signature of Candida (Sign. and return with Application		Signature of Examination Invigilator (To be signed in the Exam. Hall)				
FO	R OFFICE	USE ONLY				
Candidates name: Mr./Mrs/Miss	S•					
Venue of the Examination:						
Roll No.						

Signature of the Chairman PGET-2016

Cum-Director,

Swami Vivekanand National Institute of Rehabilitation Training and Research (Ministry of Social Justice and Empowerment, Govt. of India) Olatpur, PO: Bairoi, Dist: Cuttack, Odisha: 754010

PROVISIONAL IDENTITY CARD FOR PG ENTRANCE TEST-2016 (MPT & MOT)

Date & Time of Exam: - 26/06/2016, 11.00 hrs.	
Candidates are allowed to enter the examination Hal	Paste recent passport size
only 15 minutes before the examination.	photograph
Candidates Name:	here
Age:Sex:	
Course of Admission	
Roll No (To be filled	in by the office)
*All the particulars except Roll No. i.e. Candidate's n Identity Card, must be filled up by the candidate.	name, Age, Sex and Address mentioned in the Provisional
Signature of Candidate	Signature of Candidate
(Sign. and return with Application form)	(To be signed in the Exam. Hall)

Signature of Examination Invigilator (To be signed in the Exam. Hall)