

APPLICATION FORM FOR ADMISSION INTO
PARAPLEGIC REHABILITATION CENTRE KIRKEE (PUNE)

1. Regtl No _____ Rank _____ Name _____ S/O _____
2. Unit :
3. Records Office :
4. Date of Enrolment :
5. Date of Injury :
6. Date of birth :
7. Whether the injury is attributable to service : YES/NO
(Separate certificate regarding attributable to Service Yes/No to be attached duly signed by the commandant/CO)
8. Cause of injury with diagnosis :
9. Short History of the case :
10. Date of discharge from Service :
11. Reason for seeking admission in :
Paraplegic Rehabilitation Centre Kirkee
12. Married/Single :
13. Children if any in details :-

<u>S.No.</u>	<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Income if any</u>
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14. Next of Kin :
15. Permanent Home address :
16. Correspondence Address :
17. Whether undergone any vocational training anywhere?
18. Details of rehabilitation Aids received. :
If not reason should be given

(Signature of applicant)

REMARKS /RECOMMENDATION OF ORTHOPAEDIC SURGEON/ AUTHORISED
MEDICAL DIRECTOR OF DEFENCE SERVICE