

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

- 1 Regtl No.-----Rank----- Name-----
- 2 Unit
- 3 Records Office
- 4 Date of Enrolment
- 5 Date of Injury
- 6 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
- 7 Cause of injury with diagnosis
- 8 Short History of the case
- 9 Date of discharge from Service
- 10 Reason for seeking admission in
Paraplegic Rehabilitation Centre Kirkee
- 11 Married/Single
- 12 Children if any in details :
S.No. Name Age Occupation Income if any
- 13 Next of Kin
- 14 Permanent Home address
- 15 Correspondence Address
- 16 Whether undergone any vocational
training anywhere?
- 17 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.**