



**शंशोधित/ Revised**

भारत सरकार / Government of India

स्वास्थ्य एवं परिवार कल्याण मंत्रालय / Ministry of Health and Family Welfare

**अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान**

**ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION**

हाजी अली पार्क, के. केशवराव खाडये मार्ग, महालक्ष्मी, मुम्बई- 400 034.

Haji Ali Park, K. Khadye Marg, Marg, Mahalaxmi, Mumbai - 400 034.

Tel.No.:022-23544341/2. Fax No.022-23532737

[www.aiipmr.gov.in](http://www.aiipmr.gov.in)

**APPLICATION FORM "BACHELOR OF PROSTHETICS & ORTHOTICS"  
FOR THE ACADEMIC YEAR 2016-17**

(All the entries must be made in legible hand writing and in **CAPITAL** letters.)

AFFIX  
RECENT  
PASSPORT  
SIZE  
PHOTOGRAPH

**ATTESTED BY**  
GAZETTED OFFICER

1. Name in full Shri/Smt/Miss: \_\_\_\_\_  
(write name as per 12th Std./HSC. Passing certificate)

2. Name in Devanagari script: \_\_\_\_\_  
(write name as per 12th Std./HSC. Passing certificate)

3. Sex: \_\_\_\_\_

4. Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

5. Mothers Name: \_\_\_\_\_  
Surname First Name Middle Name

6. Fathers Name \_\_\_\_\_  
Surname First Name Middle Name

7. Address for correspondence: \_\_\_\_\_

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

Tel No (with STD code) \_\_\_\_\_ # Mobile No. \_\_\_\_\_

Email ID: \_\_\_\_\_

8. Permanent Address \_\_\_\_\_

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

Tel No (with STD code) \_\_\_\_\_ # Mobile No. \_\_\_\_\_

# It may facilitate quick communication of information if required.

9. Occupation of Father/Guardian \_\_\_\_\_

10. Annual Income of Parents \_\_\_\_\_

11. Nationality: \_\_\_\_\_ 12. Religion: \_\_\_\_\_

(Name and signature of Applicant)



13. I desire to appear in PCB  or PCM  at the entrance exam to be held at this Institute. (Put 'YES' which is desired)  
**PCB** – Physics ,Chemistry & Biology / **PCM**- Physics ,Chemistry & Mathematics

14. **Category:** Reserved category candidates and physically disabled candidates should submit self-attested photocopy of respective Certificates/ receipt of application for the same along with application form.

Category	Write 'YES' if applicable	Name of the caste	Name of the sub caste
General / Unreserved			
Scheduled Caste			
Scheduled Tribe			
Other Backward Class *			
Physically Handicapped			

\* **OBC reservation will be made as per "Central List of OBC."**

15. Name and address of the college/ School from where the candidate passed Std.12th /(10 + 2) :

\_\_\_\_\_

16 Applicant's Academic record

Name of the Exam			Marks			No. of attempt	
			Obtained	Out of	Percentage of P.C.B. (A,B,C)		Percentage of P.C.M (A,B,D)
Std. XII (10+2)	A	Physics					
	B	Chemistry					
	C	Biology					
	D	Mathematics					
	e	English					
Month & Year of Passing							
Name of the Board or University							

16. Scholastic Honors, Scholarship, Prizes, etc. awarded. : \_\_\_\_\_

\_\_\_\_\_

(Name and signature of Applicant)

Cont.....3



Whether candidate represented the College/University/State or National Level in sports while studying in X XII classes. \_\_\_\_\_

17. Name and addresses of Two persons to whom a reference can be made regarding the applicant's conduct and character.

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

**18. Forms should be submitted alongwith following enclosures.**

Sr. no.	Particulars	Put 'YES' if enclosed
i	Processing fee and form fee as applicable. a) Demand Draft No.:..... b) Dated: ..... c) Drawn on Bank: ..... d) For Rs.: ..... (Write applicant's Name and Mobile number on the back side of D.D.)	
ii	Duly filled in Admit Card in duplicate (Admit card should be printed on separate page)	
ii	Undertaking about completion /passing course within stipulated time limit . Annexure -I	
iii	One self-addressed envelope of size 23 cms by 11.5cms affixing postage stamps of Rs. 40/- superscribed "Admit card -BPO course".	
iv	Nationality /Certificate	
v	Secondary School (10th) Passing Certificate	
vi	Higher Secondary School (10+2) Marksheet	
vii	Transfer / Leaving Certificate	
viii	Caste Certificate(if applicable)	
ix	Non - creamy layer certificate (applicable for OBC candidate)	
x	Disability certificate (if applicable)	
xi	N.O.C for in-service personnel (If Applicable)	
Total number of enclosures (Numbers)		

Note :- All above photocopies of certificates should be self -attested.

(Name and signature of Applicant)

Cont... 4



## DECLARATION

I \_\_\_\_\_, hereby declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information is concealed. If any discrepancy/false information is observed at any stage; the Institute will be free to cancel my Candidature/Selection.

I, hereby undertake, to complete the course to the satisfaction of the authorities of this Institute, failing which my application form for examinations shall be withheld /withdrawn.

I hereby declare that I have read the prospectus and have understood the terms and conditions . If selected I will submit the mandatory certificates as specified in the prospectus.

I understand that in the event of my failing to do so my selection will stand cancelled.

I am aware that ragging in any form is prohibited and is a punishable offence as per Honorable Supreme Court directives no. CIVIL APPEAL NO. 887 OF 2009 and that the Institute authority will rusticate the student at once if found involved in ragging.

Note: Incompletely filled applications and applications received after the last date will be rejected without any further correspondence.

Date:

(Name and signature of Applicant)

Date:

(Name and Signature of Parent/Guardian)

Cont....5



## **Undertaking to be submitted by candidate**

I ..... am applying/ I am the bonafide student at /of your Institute for Bachelor of Prosthetics and Orthotics (B.P.O.) course for the Academic Year 2016-17. I am fully aware about condition of passing my course within stipulated time limit prescribed by the University vide its Examination Notification no. 15/2016 ref.no. मआविवि/एक्स-6.1/2806/2016 dated 2/05/20106.

Keeping in view of above rule prescribed under Examination Notification no. 15/2016 ref.no. मआविवि/एक्स-6.1/2806/2016 dated 2/05/20106, I certify that my last attempt will be in Summer /Winter-..... University examination for B.P.O. course. I shall not claim to appear for my any further attempts for University Examination to complete B.P.O. course due to exhaustion of the prescribed time limit.

I am fully aware that my admission shall automatically stands discharged / cancelled from the B.P.O. course as per condition prescribed by the University.

Date : .....

Place : .....

Signature of Applicant.....

Name of Applicant:... ..

Signature of Parent/Guardian:.....

Name of Parent/Guardian: .....

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## ADMIT CARD

ENTRANCE EXAMINATION TO BE HELD ON **26<sup>th</sup> July 2016 FOR**  
**BACHELOR OF PROSTHETICS & ORTHOTICS**

**SEAT NO. :** \_\_\_\_\_  
(To be allotted by Institute)

**Name of Candidate:** \_\_\_\_\_  
(Write name as per /12th Std. certificate)

**Signature of Candidate:-** \_\_\_\_\_

**Reporting Time: 10.30 a.m. - Duration of Examination - 90 minutes**

**Venue of the Examination:-** **A.I.I.P.M.R. , Haji Ali Park, K. Khadye Marg,**  
**Mahalaxmi, Mumbai - 400 34.**

Affix recent  
passport size  
photograph

The duly filled in Admit Card is to be attached with application form. Candidate's copy will be sent by speed post.

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