



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

**APPLICATION FORM "BACHELOR OF PROSTHETICS & ORTHOTICS"
FOR THE ACADEMIC YEAR 2015-16**

(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 should submit self-attested photocopy of respective Certificates 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			
Hindu Maratha			

* **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	One self-addressed envelope of size 23 cms by 11.5cms affixing postage stamps of Rs. 40/- superscribed "Admit card -BPO course".	
iii	Nationality /Certificate	
iv	Secondary School (10th) Passing Certificate	
v	Higher Secondary School (10+2) Marksheet	
vi	Transfer / Leaving Certificate	
vii	Caste Certificate(if applicable)	
viii	Caste Validity 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



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ADMIT CARD

ENTRANCE EXAMINATION TO BE HELD ON 26th July 2015 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:- Chabildas High School, Near Ideal Book Stall,
Opposite Wanmali Hall, Dadar (West), Mumbai – 400 028.

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

Affix recent
passport size
photograph

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