

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 खाड्ये 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
FOR THE ACADEMIC YEAR 2017-2018**

(Strike out which is not applicable)
(All the entries must be made in legible hand writing and in **CAPITAL** letters.)

Affix recent
passport size
photograph

Photograph should
be attested by
Gazetted officer

1. Course applied for: (write 'Yes' in appropriate box)

Sr. No.	Name of course	Put 'Yes/ No' as applicable
I	Master of Physiotherapy	
II	Fellowship course in Rehabilitation Physiotherapy	
III	Both Master of Physiotherapy & Fellowship course in Rehabilitation Physiotherapy	
IV	Master of Occupational Therapy	
V	Fellowship course in Rehabilitation Occupational Therapy	
VI	Both Master of Occupational Therapy & Fellowship course in Rehabilitation Occupational Therapy	

2. Name in full _____
Shri/Smt/Miss: _____
(Write name as per BPT/ BOTH Degree Certificate)
3. Sex: _____ Religion: _____
4. Date of birth: Day _____ Month _____ Year _____
5. Mother's name: _____
Surname First Name Middle Name
6. Father's name: _____
Surname First Name Middle Name
7. Address for correspondence: _____

- Pin code: _____
- Tel no. (with STD code): _____
- Mobile no.: _____
(it may facilitate quick communication of information if required)
- E-mail ID: _____

(Name and Signature of Applicant)

8. Permanent Address: _____
- Pin code: _____
- Tel no. (with STD code): _____
- Mobile no.: _____

9. Category: **(Put 'YES' where applicable)**

a) General / Unreserved	
b) Scheduled Caste	
c) Scheduled Tribe	
d) Other Backward Class *	
e) Physically Handicapped	

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

Note: 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.

10. Academic Record (Scored in Bachelor of Occupational Therapy/Bachelor of Physiotherapy Degree examination only).Mention year – wise details.

Name of the college (BOTH/ BPTH)				
Address of the college (BOTH/ BPTH)				
Name of the University (BOTH/ BPTH)				
Year &Month of Passing (BOTH/ BPTH)				
Examination Details	No. of attempts	Marks		Percentage
		Obtained	Out of	
First Year				
Second Year				
Third Year				
Final Year				
Average percentage of four years				

(Name and Signature of Applicant)

11. Internship Details:

a.	Date of commencement of Internship	
b.	Date of Completion of Internship	
c.	Name of the Institute (Write the Institute name where from candidate completed internship)	

12. Forms should be submitted along with following Enclosures:

Sr. No.	Particulars	Put 'Yes' if enclosed
1	Processing fee and form fee as applicable a) Demand Draft No. _____ b) dated _____ c) Drawn on Bank _____ d) for Rs. _____	
(Note: Write (applicant's) name and course name alongwith mobile number on the back side the Demand Draft)		
2	Duly filled in Admit Card in duplicate - Admit Card should be printed on separate page	
3	One self addressed envelope of size 23 cms by 11.5cms affixing postage stamps of Rs.40/- superscribed Admit Card [Course Name].	
4	Caste certificate (if applicable)	
5	Caste validity certificate (if applicable)	
6	Non-creamy- layer certificate (applicable for OBC category candidates)	
7	Disability certificate (if applicable)	
Total number of enclosures		

(Name and Signature of Applicant)

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: Incomplete application forms, application forms received after last date of submission will not be accepted. Fees once paid is non refundable/ non transferable under any circumstance and no communication in this regard will be entertained.

Date:

(Name and Signature of Applicant)

(Name and Signature of Parent/Guardian)

Ministry of Health and Family Welfare
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ADMIT CARD

OF ENTRANCE EXAMINATION TO BE HELD ON 16th July 2017 FOR
Physiotherapy & Occupational Therapy courses

SEAT NO. : _____

(To be allotted by Institute)

Name of Candidate: _____

(Write name as per BPTH / BOTh certificate)

Signature of Candidate:- _____

Affix recent
passport size
photograph

Venue of the Examination:- Chabildas High School, Near Ideal Book Stall, Opposite
Wanmali Hall, Opp. Shri Krishna snacks center, Dadar (West), Mumbai – 400 028.

**Note: Candidate should carry original photo ID proof at the time of
examination**

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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