



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-400034.

Haji Ali Park, K. KhadyeMarg, 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 2021-22**

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

AFFIX
RECENT
PASSPORT
SIZE
PHOTOGRAPH

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

2. Name in Devnagri script: _____
(write name as per 12th Std./HSC. Passing certificate)

3. Sex: _____

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. _____

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. **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."**

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

15. Applicant's Academic record

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

16. NEET 2021-22 Details-

Seat no-		Marks-	
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17. 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	Application Fee. 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	Undertaking about completion /passing course within stipulated time limit . Annexure -I	
ii	Nationality /Certificate	
iii	Secondary School (10th) Passing Certificate	
iv	Higher Secondary School (10+2) Marksheet	
v	NEET -2021 marksheet	
vi	Caste Certificate(if applicable)	
vii	Non - creamy layer certificate (applicable forOBC candidate)	
viii	Disability certificate (if applicable)	
ix	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.

Date:

(Name and signature of Applicant)

Counter Signed,

Date:

(Name and Signature of Parent/Guardian)

Cont....5



Undertaking to be submitted by candidate (BPO course)

Iam applying/ I am the bonafide student at /of your Institute for Bachelor of Prosthetics and Orthotics (B.P.O.) course for the Academic Year 2021-2022. I am fully aware about the condition of passing mycourse within the stipulated time limit prescribed by the University vide its Examination Notification no. 15/2016 ref.no.मआविवि/एक्स-6.1/2806/2016dated 2/05/2016.

Keeping in view of above rule prescribed under Examination Notification no. 15/2016 ref.no.मआविवि/एक्स-6.1/2806/2016dated 2/05/2016, I certify that my last attempt will be in Summer /Winter-...2027 - 2028.... 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:.....

Counter signed :... ..

Signature of Parent/Guardian:.....

Name of Parent/Guardian: