

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION

अभ्यर्थी / छात्र द्वारा वचनबंध / UNDERTAKING BY THE **CANDIDATE/ STUDENT**

1. मैं,.....(कोर्स.....
.....) श्री/श्रीमती/सुश्री का
पुत्र/की पुत्री ने कानून निषिद्ध रैगिंग संबंधी सर्वोच्च न्यायालय और राज्य सरकार के निर्देशों को
ध्यानपूर्वक पढ़कर समझ लिया है ।
1. I,(Course) S/o.
D/o. of Mr./Mrs./Ms. have carefully read and
fully understood the law prohibiting ragging and the directions of the Supreme Court and the
Central/State Government in this regard.
2. मैं एतद्वारा वचनबंध हूँ / I hereby undertake that -
- क) मैं रैगिंग की परिभाषा के अंतर्गत आने वाले किसी भी कार्य अथवा बरताव में सम्मिलित नहीं
रहूँगा/रहूँगी ।
- a) I will not indulge in any behavior or act that may come under the definition of ragging.
- ख) मैं किसी भी रूप में रैगिंग फैलाने अथवा उकसाने में सम्मिलित नहीं रहूँगा/रहूँगी ।
- b) I will not participate in or abet or propagate ragging in any form.
- ग) मैं किसी को भी शारीरिक अथवा मानसिक दुःख और किसी अन्य प्रकार की तकलीफ नहीं दूँगा/दूँगी ।
- c) I will not hurt anyone physically or psychologically or cause any other harm.
3. मैं एतद्वारा सहमत हूँ कि यदि मैं रैगिंग के किसी भी अवस्थिति में दोषी पाया जाता हूँ तो संकायाध्यक्ष
/
मुख्याध्यापक मुझे सर्वोच्च न्यायालय/कानूनी शक्ति की व्यवस्था के अनुसार दंडित कर सकते हैं ।
3. I hereby agree that if I found guilty of any aspect of ragging, Dean/Principal may punish
me as per the provisions of the Supreme Court Regulations / the law in force.

इसे हस्ताक्षरित करें / Signed this _____ दिन का /day of _____ माह का /
month of _____ वर्ष / year

हस्ताक्षर / Signature

पता / Address: _____

(1) गवाह का नाम / Witness Name : _____
हस्ताक्षर / Signature : _____
दिनांक / Date : _____

(2) गवाह का नाम / Witness Name : _____
हस्ताक्षर / Signature : _____
दिनांक / Date : _____

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION

अभिभावक/संरक्षक द्वारा वचनबंध /UNDERTAKING BY THE PARENT / GURADIAN

1. मैं,
श्री/श्रीमती/सुश्री(कोर्स
.....) का पिता/की माता/के अभिभावक ने उच्च शैक्षणिक संस्थान, 2009 रैगिंग की धमकी पर प्रतिबंध इस संबंध में मैने सर्वोच्च न्यायालय/राज्य सरकार के कानून निषिद्ध रैगिंग के निर्देशों को ध्यानपूर्वक पढ़कर समझ लिया है ।
1. I, F/o. M/o.
Mr./Mrs./Ms.(Course) have
Carefully read and fully understood the law prohibiting ragging and the directions of the
Supreme Court and the Central/State Government in this regard on Curbing the Menace of
Ragging in Higher Educational Institutions, 2009.
2. मैं यह विश्वास दिलाता हूँ कि, मेरा पुत्र/पुत्री/आश्रित रैगिंग के किसी भी कार्य में सम्मिलित नहीं
होंगे ।
2. I assure you that my son/daughter / ward will not indulge in any act of ragging.
3. मैं एतद्वारा सहमत हूँ कि यदि वह रैगिंग के किसी भी अवस्थिति में दोषी पाये जाते हैं, तो उपर्युक्त
उल्लेखित सर्वोच्च न्यायालय के विनियम के उपबंधों के अनुसार संकायाध्यक्ष/मुख्याध्यापक मेरे
पुत्र/पुत्री को दंडित कर सकते हैं ।
3. I hereby agree that if he/she is found guilty of any aspect of ragging, Dean /Principal may
punish my son/daughter as per the provisions of the Supreme Court Regulations mentioned
above and/or as per the law in force.

इसे हस्ताक्षरित करें / Signed this दिन का /day of माह का /
month of वर्ष / year

हस्ताक्षर / Signature

पता / Address:

.....
.....
.....

(1) गवाह का नाम / Witness Name :
हस्ताक्षर / Signature :
दिनांक / Date :

(2) गवाह का नाम / Witness Name :
हस्ताक्षर / Signature :
दिनांक / Date :

घोषणापत्र / Declaration

I..... (name of the student)
 admitted to (name of the Course) Course in
 the academic year 201....- 201.... at AIIPMR, Haji Ali, Mumbai – 34, have read the
 relevant instructions/ regulations and Honorable supreme Court order against ragging as
 well as punishment, Which is available in the Academic Section of this Institute .

I understand that 'Ragging' means causing inducing, compelling or forcing a
 student whether by way of a joke or otherwise, to do any act with detracts from human
 dignity or violates his/her person or exposes him/her person or him/her to ridicule or to
 forbear from doing any lawful act, by intimidating, wrongfully restraining, wrongfully
 confining or injuring him/her or by using criminal force to him/her or by holding out to
 him/her any threat of such intimidation wrongful restraint, wrongful confinement, injury
 or the use of criminal force.

I declare hereby that I shall not indulge in any form of ragging activities and am
 made to know consequences if found involved in ragging that the authority would expel
 me from the Institute.

पासपोर्ट आकार की
 तस्वीर चिपकाना
 /Affix Passport
 Size Photo

हस्ताक्षर /Signature:

नाम / Name:

दिनांक / Date:

पाठ्यक्रम और शैक्षणिक वर्ष /
 Course & Academic year:

गवाह का नाम / Witness Name :

हस्ताक्षर / Signature :

दिनांक / Date :

बी.पी.ओ. पाठ्यक्रम के लिए प्रवेश प्रपत्र / Admission form for B.P.O. course

नाम/Name: _____

पता/Address: _____

संपर्क नंबर /Contact no.: _____

दिनांक / Date: _____

सेवा में /To,

निदेशक /**The Director,**

अ.भा.भौ.पु.चि.पु.सं /AIIPMR, Mumbai

महोदय/Sir,

मैंअधोहस्ताक्षरी

श्री/श्रीमति/कुमारी/कुमार _____

मेरा चयन बैचेलर ऑफ प्रोस्थेटिक्स एंड ओर्थोटिक्स (बीपीओ) पाठ्यक्रम के लिए अखिल भारतीय कोटा / महाराष्ट्र (डीएमईआर) कोटा के अंतर्गत शैक्षणिक वर्ष 20 - 20 के लिए हुआ है। मैं इस पाठ्यक्रम में शामिल होने के लिए तैयार हूँ। मैं, निम्नलिखित मूल प्रमाणपत्र की एक सत्यापित और एक असत्यापित फोटोकॉपी और शुल्क साथ में प्रस्तुत कर रहा हूँ।

मेरे पास ऊपर वर्णित प्रमाणपत्रों की अतिरिक्त फोटो कॉपी है और मैं विश्वास दिलाता हूँ कि जरूरत पड़ने पर मैं उन्हें प्रदान करूंगा । /

I undersigned Mr./Miss. _____ selected for **Bachelor of Prosthetics & Orthotics (BPO)** Course under **All India quota / Maharashtra (DMER) quota** for the Academic Year 20__ - 20__. I am willing to join this course. I am submitting herewith following certificates in original alongwith one set of attested Photocopy and one set of unattested photocopy of all certificates and fees.

I have extra set of Photo copy of above certificates & assure that I will provide the same whenever needed.

धन्यवाद /Thanking you.

आपका विश्वासी /Yours Faithfully,

उम्मीदवार का नाम और हस्ताक्षर /
Name and signature of candidate

संलग्न / Enclosed: अनुबंध I के अनुसार / as per annexure – I.

अभ्यर्थी का नाम/ Name of the Candidate: _____

पाठ्यक्रम / Course: **Bachelor of Prosthetics & Orthotics (BPO)**

शैक्षणिक वर्ष / Academic year: _____

Sr. No.	List of Documents	Original (Yes/ No)	Attested Photo copy (Yes/ No)
1	a. Nationality Certificate issued by District Magistrate/ Additional District Magistrate Metropolitan Magistrate or b. Photocopy of Valid Indian Passport or c. Domicile Certificate or d. Birth Certificate endorsed with Nationality as 'INDIAN' on it.		
2	Secondary School Certificate (SSC)		
3	Higher Secondary School Mark sheet/ Qualifying Examination Mark sheet (HSC)		
4	Entrance Examination Mark Sheet		
5	Selection Letter /List		
6	Caste Certificate (if applicable)		
7	Caste Validity Certificate (if applicable) (It is mandatory to the candidate belonging to reserved category to submit Caste Certificate duly supported by Caste Validity Certificate & Non -Creamy Layer Certificate (if any), failing which admission will not be accepted)		
8	Valid Non- Creamy Layer Certificate for DT/VJNT,OBC,SBC (if applicable)		
9	College Leaving Certificate (LC/TC)		
10	Copy of Gazette for change in name (If Applicable)		
11	Migration Certificate issued by the respective Board/ University applicable to a.Students who have passed HSC examination from Outside Maharashtra b.After passing HSC/Qualifying examination, students who have joined any other course for period of more than Six months.		
12	Affidavit for Education Gap Certificate of the student duly certified by the Executive Magistrate (Applicable if the GAP is more than 6 month after completion of Internship.)		
13	Medical Fitness Certificate duly quoted with Registration number (As per the prescribed format)		
14	Physically Handicapped Certificate (By Competent Medical Authority) (If Applicable)		
15	Character certificate from the Institution wherefrom passed qualifying examination		
16	Blood report - Haemogram a) MCV b) MCH c) MCHC d) HB %		
17	Photocopy of Adhaar Card		
18	Photograph: Five recent passport size photographs		
19	Status Retention Form (if required)		
20	Application form for I- Card		NA
21	Anti-Ragging declaration forms (Total 3)		NA
22	Application form for Hostel Accommodation (if required)		NA
23	Undertaking about non submission of any Original certificate /document		

उम्मीदवार का नाम और हस्ताक्षर /
Name and signature of candidate

Cont...2

D. D. should be in favour of **Director, AIIPMR, Mumbai.**

No.	Demand Draft No.	Date	Drawn on Bank	Amount
1.				
2.				
3.				
Total Amount				

Total number of enclosures is (including D. D.): _____ Nos.

I hereby state that, I will submit any certificate other than above mentioned certificates, if asked by Institute /University and I also state that, I have extra set of Photo copy of above certificates which I am submitting & assure that I will provide the same whenever needed.

धन्यवाद, /Thanking you.

आपका विश्वासी, /Yours Faithfully,

उम्मीदवार के नाम और हस्ताक्षर/
Name and signature of candidate

केवल कार्यालय उपयोग के लिए/ For office use only:

सभी प्रमाण पत्र की जाँच की और सही पाया। उम्मीदवार को अनंतिम रूप से भर्ती कराया जा सकता है।/

Verified all above certificates/ documents and found correct.

Candidate may be admitted provisionally.

व्याख्याता (पी. एंड ओ.) एवं सदस्य :-

विभागाध्यक्ष (पी. एंड ओ.) एवं सदस्य :-

लाइसोन ऑफिसर (ओबीसी के लीए) एवं सदस्य:-

लाइसोन ऑफिसर (एस.सी./ एस.टी. के लीए) एवं सदस्य:-

शैक्षणिक प्रभारी एवं सदस्य:-

अनुमोदन के लिए

निदेशक

फेलोशिप कोर्स इन रिहैबिलिटेसन (फिजिओथेरेपी)/
फेलोशिप कोर्स इन रिहैबिलिटेसन (ओक्युपेशनल थेरेपी) पाठ्यक्रम के लिए प्रवेश प्रपत्र /
Admission form for
Fellowship Course in Rehabilitation (Physiotherapy)/
Fellowship Course in Rehabilitation (Occupational Therapy)

नाम/Name: _____

पता/Address: _____

संपर्क नंबर /Contact no.: _____

दिनांक /Date: _____

सेवा में /To,

निदेशक /**The Director,**

अ.भा.भौ.पु.चि.पु.सं /AIIPMR, Mumbai

महोदय/Sir,

मैं अधोहस्ताक्षरी _____ जिसका चयन फेलोशिप कोर्स इन रिहैबिलिटेसन (फिजिओथेरेपी)/ फेलोशिप कोर्स इन रिहैबिलिटेसन (ओक्युपेशनल थेरेपी) पाठ्यक्रम के लिए शैक्षणिक वर्ष 20__ - 20__ के लिए हुआ है। मैं इस पाठ्यक्रम में प्रवेश के लिए तैयार हूँ और अनुबंध - I में दिये गये सारे मूल प्रमाणपत्रों की एक सत्यापित और एक असत्यापित फोटोकॉपी और निर्धारित शुल्क इस आवेदन के साथ प्रस्तुत कर रहा हूँ।

मेरे पास अनुबंध - I में दिये गये सारे प्रमाणपत्रों की अतिरिक्त फोटो कॉपी है और मैं विश्वास दिलाता हूँ कि जरूरत पड़ने पर मैं उन्हें प्रदान करूँगा।

I the undersigned Mr./Ms. _____ have been selected for **Fellowship Course in Rehabilitation (Physiotherapy)/ Fellowship Course in Rehabilitation (Occupational Therapy)** for the Academic Year 20__ - 20__. I am willing to take admission for this course. I am submitting herewith certificates as mentioned in the Annexure - I in original along with one set of attested photocopy and one set of unattested photocopy of all certificates and the prescribed fee.

I hereby state that I have additional set of photocopies of all certificates which I am submitting herewith & assure that I will provide the same whenever asked for.

धन्यवाद /Thanking you.

आपका विश्वासी /Yours Faithfully,

उम्मीदवार के नाम और हस्ताक्षर /
Name and signature of candidate

संलग्न / Enclosed: अनुबंध - I / Annexure -I.

अभ्यर्थी का नाम/ Name of the Candidate: _____

पाठ्यक्रम/Course: फेलोशिप कोर्स इन रिहैबिलिटेशन (फिजिओथेरेपी)/
 फेलोशिप कोर्स इन रिहैबिलिटेशन (ओक्युपेशनल थेरेपी) /
 Fellowship Course in Rehabilitation (Physiotherapy)/
 Fellowship Course in Rehabilitation (Occupational Therapy)

शैक्षणिक वर्ष /Academic year: _____

Sr. No.	List of Documents	Original (Yes/No)	Attested Photo copy (Yes/No)
1	a. Nationality Certificate issued by District Magistrate/ Additional District Magistrate Metropolitan Magistrate or		
	b. Photocopy of Valid Indian Passport or		
	c. Domicile Certificate or		
	d. Birth Certificate endorsed with Nationality as 'INDIAN' on it.		
2	Entrance Test Mark Sheet		
3	Selection Letter		
4	Degree Certificate (UG/PG) whichever is applicable		
5	Internship Completion Certificate issued by University		
6	Valid Registration Certificate from the Central/ State council (Provisional Registration Certificate will not be considered)		
7	Caste Certificate (if applicable)		
8	Caste Validity Certificate (if applicable) (It is mandatory to the candidate belonging to reserved category to submit Caste Certificate duly supported by Caste Validity Certificate & Non -Creamy Layer Certificate (if any), failing which admission will not be accepted)		
9	Valid Non- Creamy Layer Certificate for DT/VJNT,OBC,SBC (if applicable)		
10	College Leaving Certificate (LC/TC)		
11	Attempt Certificate duly signed by Head of the Institute		
12	Copy of Gazette for change in name (If Applicable)		
13	Migration Certificate from respective University (Applicable to Non-MUHS students only)		
14	Affidavit for Education Gap Certificate of the student duly certified by the Executive Magistrate (Applicable if the GAP is more than 6 month after completion of Internship.)		
15	Medical Fitness Certificate duly quoted with Registration number (As per the prescribed format)		
16	Physically Handicapped Certificate (By Competent Medical Authority) (If Applicable)		
17	Character certificate from the Institution wherefrom passed qualifying examination.		
18	Documentation for In-Service personnel (If applicable)		
	a. Deputation Certificate		
	b. No objection Certificate		
	c. University approval Certificate for teacher in the concerned subject		
	d. Experience Certificate		
19	Character certificate from the Institution wherefrom passed qualifying examination		
20	Application form for I- Card		NA
22	Anti-Ragging declaration forms (Total 3)		NA
23	Surety Bond of 1.00 lacks on Rs. 100/- stamp paper (as per the format)		

छात्र का नाम एवं हस्ताक्षर /

Name and signature of candidate Cont...2

D. D. should be drawn in favour of **Director, AIIPMR, Mumbai.**

No.	Demand Draft No.	Date	Drawn on Bank	Amount
1.				
2.				
3.				
Total Amount				

Total number of enclosures is (including D.D.): _____ Nos.

I hereby state that, I will submit any certificate other than above mentioned certificates, if asked by Institute /University and I also state that, I have extra set of Photo copy of above certificates which I am submitting & assure that I will provide the same whenever needed.

धन्यवाद /Thanking you,

आपका विश्वासी/Yours Faithfully,

उम्मीदवार के नाम और हस्ताक्षर/
Name and signature of candidate

केवल कार्यालय उपयोग के लिए/ For office use only:

सभी प्रमाण पत्र की जाँच की और सही पाया। उम्मीदवार को अनंतिम रूप से भर्ती कराया जा सकता है।/

Verified all above certificates/ documents and found correct.

Candidate may be admitted provisionally.

विभागाध्यक्ष (पी.टी./ओ.टी.) एवं सदस्य :-

व्याख्याता (पी.टी./ओ.टी.) एवं सदस्य :-

लाइसोन ऑफिसर (ओबीसी के लीए) एवं सदस्य:-

शैक्षणिक प्रभारी एवं सदस्य:-

लाइसोन ऑफिसर (एस.सी./ एस.टी. के लीए) एवं सदस्य:-

अनुमोदन के लिए

निदेशक

पहचान -पत्र जारी करने के लिए छात्र द्वारा भरे जाने वाले विवरण

Details to be filled by student to issue I-card

(सभी प्रविष्टियों कैपिटल पत्र होना चाहिए)

(All entries must be CAPITAL letters)

1	नाम/Name (10 th / 12 th मार्कशीट के अनुसार/ As per 10 th /12 th Marksheet)		

2	छात्र के पासपोर्ट आकार के फोटो / Candidate's passport size Photo	3	पंजीकरण संख्या / Registration No. _____
		4	कक्षा / Class: _____
		5	शैक्षणिक वर्ष / Academic Year: _____
		6	फ्रेश / रिपीटर: Fresh / Repeater: _____
		7	तक वैध / Valid up to: _____
		8	रक्त समूह / Blood Group: _____
		9	जन्म तारीख / Date of Birth: _____
10	स्थायी पता / Permanent address		
11	स्थानीय पता / Local Address		
12	भुगतान किया फीस का विवरण / Details of fees paid		
	राशि/ Amt. _____	डीडी संख्या / D.D. No. _____ दिनांक / Date: _____	
13	विद्यार्थी के हस्ताक्षर / Signature of Student :		

एम.पी.टी.एच./एम.ओ.टी.एच./एम.पी.ओ. पाठ्यक्रम के लिए प्रवेश प्रपत्र /
Admission form for MPTTh/MOTTh/MPO Course

नाम/Name:- _____

पता/Address:- _____

संपर्क नंबर /Contact no. _____

दिनांक /Date:- _____

सेवा में /To.

निदेशक /The Director,

अ.भा.भौ.पु.चि.पु.सं /AIIPMR, Mumbai

महोदय/Sir,

मैं अधोहस्ताक्षरी _____ जिसका चयन एम.पी.टी.एच./एम.ओ.टी.एच./एम.पी.ओ. पाठ्यक्रम के लिए 'अखिल भारतीय कोटा' / 'महाराष्ट्र स्टेट कोटा' के अंतर्गत शैक्षणिक वर्ष 20__ - 20__ के लिए हुआ है। मैं इस पाठ्यक्रम में प्रवेश लेने के लिए तैयार हूँ और अनुबंध – I में दिये गये सारे मूल प्रमाणपत्रों की एक सत्यापित और एक असत्यापित फोटोकॉपी और निर्धारित शुल्क इस आवेदन के साथ प्रस्तुत कर रहा हूँ।

मेरे पास अनुबंध – I में दिये गये सारे प्रमाणपत्रों की अतिरिक्त फोटो कॉपी है और मैं विश्वास दिलाता हूँ कि जरूरत पड़ने पर मैं उन्हें प्रदान करूँगा।

I the undersigned Mr./Ms._____ have been selected for **MPTTh/MOTTh/MPO** Course under **All India quota / Maharashtra Stat Quota** for the Academic Year 20__ - 20__. I am willing to take admission for this course. I am submitting herewith certificates as mentioned in the Annexure – I in original along with one set of attested photocopy and one set of unattested photocopy of all certificates and the prescribed fee.

I hereby state that I have additional set of photocopies of all certificates which I am submitting herewith & assure that I will provide the same whenever asked for.

धन्यवाद /Thanking you.

आपका विश्वासी /Yours Faithfully,

उम्मीदवार के नाम और हस्ताक्षर /
Name and signature of candidate

संलग्न / Enclosed: अनुबंध - I / Annexure –I.

अभ्यर्थी का नाम/ Name of the Candidate: _____

पाठ्यक्रम/Course: एम.पी.टी.एच./एम.ओ.टी.एच./एम.पी.ओ. /MPTh/MOTh/MPO

शैक्षणिक वर्ष /Academic year: _____

Sr. No.	List of Documents	Original (Yes/No)	Attested Photo copy (Yes/No)
1	a. Nationality Certificate issued by District Magistrate/ Additional District Magistrate Metropolitan Magistrate or b. Photocopy of Valid Indian Passport or c. Domicile Certificate or d. Birth Certificate endorsed with Nationality as 'INDIAN' on it.		
2	Entrance Test Mark Sheet		
3	Passing/ Degree Certificate of qualifying examination (BPO/BPTh/BOTh)		
4	1 st to final year Mark-sheet (BPO/BPTh/BOTh)		
5	Internship Completion Certificate issued by University		
6	Valid Registration Certificate from the Central/ State council (Provisional Registration Certificate will not be considered)		
7	Caste Certificate (if applicable)		
8	Caste Validity Certificate (if applicable) (It is mandatory to the candidate belonging to reserved category to submit Caste Certificate duly supported by Caste Validity Certificate & Non -Creamy Layer Certificate (if any), failing which admission will not be accepted)		
9	Valid Non- Creamy Layer Certificate for DT/VJNT,OBC,SBC (if applicable)		
10	College Leaving Certificate (LC/TC)		
11	Attempt Certificate duly signed by Head of the Institute		
12	Copy of Gazette for change in name (If Applicable)		
13	Migration Certificate from respective University (Applicable to Non-MUHS students only)		
14	Affidavit for Education Gap Certificate of the student duly certified by the Executive Magistrate (Applicable if the GAP is more than 6 month after completion of Internship.)		
15	Medical Fitness Certificate duly quoted with Registration number (As per the prescribed format)		
16	Status Retention Form		NA
17	Physically Handicapped Certificate (By Competent Medical Authority) (If Applicable)		
18	Documentation for In-Service personnel (If applicable) a. Deputation Certificate b. No objection Certificate c. University approval Certificate for teacher in the concerned subject d. Experience Certificate		
19	Blood report - Haemogram a) MCV b) MCH c) MCHC d) HB %		
20	Application form for I- Card		NA
21	Anti-Ragging declaration forms (Total 3)		NA
22	Application form for Hostel Accommodation (if Required)		NA
23	Photocopy of Adhar Card	NA	
24	Self-desertion form for Self-attestation (as per format made available by the University) (format attached)		
25	Surety Bond of 1.00 lacks on Rs. 100/- stamp paper (as per the format)		

Cont....2

26	Undertaking about non submission of any Original certificate /document (if required)		
27	Extra resent Passport size Photographs (two)		

छात्र का नाम एवं हस्ताक्षर /Name and signature of candidate

D. D. should be drawn in favour of "**Director, AIIPMR**" Payable at Mumbai.

Fees Details				
No.	Demand Draft No.	Date	Drawn on Bank	Amount
1.				
2.				
Total Amount				

Total number of enclosures is (including D. D.): _____ Nos.

I hereby state that, I will submit any certificate other than above mentioned certificates, if asked by Institute /University and I also state that, I have extra set of Photo copy of above certificates which I am submitting & assure that I will provide the same whenever needed.

धन्यवाद /Thanking you,

आपका विश्वासी/Yours Faithfully,

उम्मीदवार के नाम और हस्ताक्षर/ Name and signature of candidate

केवल कार्यालय उपयोग के लिए/ For office use only:

सभी प्रमाण पत्र की जाँच की और सही पाया। उम्मीदवार को अनंतिम रूप से भर्ती कराया जा सकता है।/

**Verified all above certificates/ documents and found correct.
Candidate may be admitted provisionally.**

व्याख्याता (पी.टी./ओ.टी./पी. एंड ओ.) एवं सदस्य :-

विभागाध्यक्ष (पी.टी./ओ.टी./पी. एंड ओ.) एवं सदस्य :-

लाइसोन ऑफिसर (ओबीसी के लीए) एवं सदस्य:-

शैक्षणिक प्रभारी एवं सदस्य:-

लाइसोन ऑफिसर (एस.सी./ एस.टी. के लीए) एवं सदस्य:-

अनुमोदन के लिए

निदेशक



Undertaking to be submitted by BPO Student (2020-21)

Iam the bonafide student of **All India Institute of Physical Medicine and Rehabilitation, Mumbai** admitted in the **Bachelor of Prosthetics & Orthotics** course in Academic year 2020-21. I am fully aware about the condition of passing my course within stipulated time limit prescribed by the University vide its Examination Notification no. 15/2016 dated 2/05/2016.

Keeping in view of above rule prescribed under Examination Notification no. 15/2016 dated-02/05/2016, I certify that my last attempt will be in Summer/Winter-2026 – 2027 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 :

Name of Students:-.....

Signature:-.....

Certification by the Dean /Principal of the college

We have verified our records and found that information furnished by the candidate is correct. He/ She is found to be eligible to appear for ensuing University Examination. It is further certified that the aforesaid candidate has been counseled by the college in view of University Examination Notification No15/2016 dated 02/05/2016.

Date:-

Dean / Principal
Seal & Stamp of College



Undertaking to be submitted by candidate (MPO course 2020-21)

Iam the bonafide student of the **All India Institute of Physical Medicine and Rehabilitation, Mumbai**, admitted in the **Master of Prosthetics and Orthotics** course in Academic year 2020-21. I am fully aware about the condition of passing my course within the stipulated time limit prescribed by the University vide its Examination Notification no. 18/2016 dated 2/06/2016.

Keeping in view of above rule prescribed under Examination Notification no.18/2016 dated 2/06/2016., I certify that my last attempt will be in Summer/Winter-2023-24, University examination for M.P.O. course. I shall not claim to appear for my any further attempts for University Examination to complete M.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 M.P.O. course as per condition prescribed by the University.

Date :

Place :

Name of Students:-.....

Signature:-.....

Certification by the Dean /Principal of the college

We have verified our records and found that information furnished by the candidate is correct. He/ She is found to be eligible to appear for ensuing University Examination. It is further certified that the aforesaid candidate has been counseled by the college in view of University Examination Notification No18/2016 dated 02/06/2016.

Date:-

**Dean / Principal
Seal & Stamp of College**