



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, मुंबई-400034.

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 MASTER OF PROSTHETICS & ORTHOTICS
FOR THE ACADEMIC YEAR 2020-21**

(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/Ku: _____
(Write name as per B.P.O. Certificate)
2. Name in Devnagri Script:- _____
3. Sex : _____
4. Date of Birth: Day _____ Month _____ Year _____
5. RCI Registration No: _____ 6. RCI Registration Date: _____
7. Mother's Name _____
Surname First Name Middle Name
8. Father's Name _____
Surname First Name Middle Name
9. Address for correspondence: _____

Pin Code _____ Tel No (with STD code) _____ # Mobile No. _____
Email ID: _____
10. Permanent Address: _____

Pin Code _____ Tel No (with STD code) _____ # Mobile No. _____
11. Occupation of Father/Guardian _____

It may facilitate quick communication of information if required.

(Name and signature of applicant)



-2-

12. Annual Income of Parents /Self _____

13. Nationality: _____ 12. Religion: _____

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

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

15. Academic Record (Marks Scored in B. Sc P&O /B.P.O Examinations)

Examination	Marks		Percentage	No. of attempts	Month & Year of Passing	Name of University
	Obtained	Out of				
1 st Year						
2 nd Year						
3 rd Year						
4 th Year						

16. Internship Details:

i. Date of Internship commencement : - _____

ii. Date of Internship Completion: - _____

iii. Institute Name:- _____

(Write the Institute name where from candidate completed internship)

(Name and signature of applicant)

Cont.... 3



17. Forms should be submitted along with following Enclosures

Sr. no.	Particulars	Put 'YES' if enclosed
i	Application 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.60/- superscripted "Admit card -MPO course".	
iii	Nationality /Certificate	
iv	Secondary School (10 th) Passing Certificate	
v	Higher Secondary School (10+2) Marksheet	
vi	Mark-sheets of First to Final year B.Sc.(P&O)/B.P.O.	
vii	Degree Certificate (B.Sc P&O / B.P.O)	
viii	Internship Completion Certificate issued by University	
ix	Valid Registration certificate from the Rehabilitation Council of India	
x	Caste Certificate(if applicable)	
xi	Caste Validity Certificate (if applicable)	
xii	Non – creamy layer certificate (applicable for OBC candidate)	
xiii	Disability certificate (if applicable)	
xiv	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)



-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.

(Name and Signature of Parent/Guardian)

(Name and signature of applicant)

Date:



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ADMIT CARD

FOR ENTRANCE EXAMINATION TO BE HELD ON 10th January 2021 FOR
Master of Prosthetics and Orthotics

SEAT NO. : _____
(To be allotted by Institute)

Name of Candidate: _____
(Write name as per B.P.O / BSc. P&O certificate)

Signature of Candidate:- _____

Reporting Time: 10.30 a.m. – Duration of Examination – 60 minutes

Venue of the Examination:-

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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