APPLICATION FORM

Master in Prosthetics & Orthotics (MPO)

(Indian Students) 2 years

AFFILIATION & RECOGNITION:

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

REHABILITATION COUNCIL OF INDIA, NEW DELHI
MASTER IN PROSTHETICS AND ORTHOTICS - 2 years

(Indian Students only)

Please fill up the application form in **BLOCK LETTERS** only

**PERSONAL INFORMATION**

1. **Name of Applicant:**
   (As per school records)

2. **Gender:**
   - Male
   - Female

3. **Date of Birth:**
   - Date
   - Month
   - Year
   **3A. Age:** years

4. **Father’s Name:**

5. **Mother’s Name:**

6. **Father’s Occupation:**

7. **Mother’s Occupation:**

8. **Blood Group:**

9. **Address for Communication:**

   - Country:
   - PIN:

10. **Are you a Person with Disability, If yes,** What is your disability? Do you use any assistive device?
11. In Emergency:
A. Name of Contact Person: 

B. Telephone No: 
C. Relationship with applicant: 

12. Academic Information

<table>
<thead>
<tr>
<th>Examination</th>
<th>State/Central/any other board</th>
<th>Registration Number</th>
<th>Month / Year of Passing</th>
<th>Maximum Marks in total</th>
<th>Total Marks Obtained</th>
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<th>Total Marks Obtained</th>
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<td>12th Standard/ Intermediate/ Pre University</td>
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XII Std/Intermediate/Pre University/Higher Secondary/Senior School - Marks Obtained

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<th>PHYSICS</th>
<th>CHEMISTRY</th>
<th>MATHEMATICS</th>
<th>BIOLOGY</th>
<th>ENGLISH</th>
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<td>Maximum Marks</td>
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Diploma In Prosthetics & Orthotics - 2 years (If applicable)

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<th>Examination</th>
<th>Name &amp; Address of Institution</th>
<th>Authority Granting Recognition</th>
<th>Registration Number</th>
<th>Month / Year of Passing</th>
<th>Maximum Marks in total</th>
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Bachelor In Prosthetics & Orthotics - 3½ / 4½ years

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<th>Name &amp; Address of Institution</th>
<th>Affiliating University &amp; Authority Granting Recognition</th>
<th>Registration Number</th>
<th>Month / Year of Passing</th>
<th>Maximum Marks in total</th>
<th>Total Marks Obtained</th>
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13. Community

- GEN
- Cat I
- Cat IIA
- Cat IIB
- Cat IIIA
- Cat IIIB
- SC
- ST

Caste: ___________________________
Sub Caste: _______________________

(Note: The category stated cannot be changed after the submission of the application. The category will be considered as General if caste certificate is not submitted)
16. If your study is sponsored by any individual/funding agency, please specify details of sponsoring authority

Name & address:

Telephone No: & E-mail ID:

17. If you are a staff of any non-government organisation/business entity at present please specify details

Name & address:

Telephone No: & E-mail ID:

Name & Signature of Head of the Organisation (with official seal)

Enclose recommendation letter from employer
DOCUMENTS TO BE ATTACHED WITH THE APPLICATION (Self attested Photocopies only):

- Bachelor in Prosthetics & Orthotics 3½ years / 4½ years certificate and mark sheets - 2 copies
- 12th std / class pass certificate and mark sheet - 2 copies
- Bridge course / Condensed course / Lateral Entry Diploma in Prosthetics & Orthotics certificate and mark sheets - 2 copies
- Registration Certificate from Rehabilitation Council of India, New Delhi
- Eligibility certificate obtained from Rajiv Gandhi University of Health Sciences, Karnataka
- Physical fitness certificate from a medical doctor of a government hospital
- Sponsorship certificate from the sponsor
- LABORATORY TESTS- Blood- Ag Hbs (Hepatitis B), Ac HCv (Hepatitis C), Tuberculin Skin test (Mantoux) and Complete blood count details by a medical doctor of a government hospital
- 2 passport size photos (Description: Size 3.5 x 3.5 cm, Colour of background: white)
- Aadhaar card
- Income & Caste Certificate
- Disability Certificate

Application Fees: INR 1000/- (Indian)

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DECLARATION

I hereby solemnly and sincerely affirm that I fulfil the eligibility conditions, the statements made and information furnished in the application form are correct, and also that I have not withheld any information. If later, it is found that any information furnished herein is fraudulent, incorrect or untrue, I am liable for prosecution and that my admission to the course is liable to be cancelled.

SIGNATURE OF APPLICANT

DATE