

**Internationally Recognised Training
Institute in India**

APPLICATION FORM

Master in

Prosthetics & Orthotics

Duration 2 years

(Indian Students)

AFFILIATION & RECOGNITION:



**RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
BENGALURU, KARNATAKA**



**REHABILITATION COUNCIL
OF INDIA, NEW DELHI**

APPLICATION FORM

ACADEMIC YEAR TO

MASTER IN PROSTHETICS AND ORTHOTICS - 2 years

(Indian Students only)

Quota:

☐

MGT

☐

GOVT

Photo

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: 3A. Age: years
Date Month Year

4. Father's Name:

5. Mother's Name:

6. Father's Occupation:

8. Blood Group:

7. Mother's Occupation:

9. Address for
Communication:

Country:

PIN:

1. Telephone No:

E-mail ID:

2. Telephone No:

E-mail ID:

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

Examination	State/central/any other board	Registration Number	Month / Year of Passing	Maximum Marks in total	Obtained Marks
10th					

Examination	State/central/any other board	Registration Number	Month / Year of Passing	Maximum Marks in total	Obtained Marks
12th Standard/ Intermediate/ Pre University					

XII Std/Intermediate/Pre University/Higher Secondary/Senior School - Marks Obtained

	PHYSICS	CHEMISTRY	MATHEMATICS	BIOLOGY	ENGLISH
Maximum Marks					
Obtained Marks					

Diploma In Prosthetics & Orthotics - 2 years (If applicable)

Examination	Name & Address of Institute	Authority Granting Recognition	Registration Number	Month / Year of Passing	Maximum Marks in total	Obtained Marks
1st Year						
2nd Year						

Bachelor In Prosthetics & Orthotics - 3½ / 4½ years

Examination	Name & Address of Institute	Affiliating University & Authority Granting Recognition	Registration Number	Month / Year of Passing	Maximum Marks in total	Obtained Marks
1st Year						
2nd Year						
3rd Year						
4th Year						

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)

14. Religion

15. Mother Tongue

16. If your study is sponsored by any individual/funding agency, please specify details of sponsoring authority

Name
& address:

Telephone No:
& Mail ID:

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

Name
& address:

Telephone No
& 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):

- ☐ 10th std / class passed certificate and mark sheet - 2 nos.
- ☐ 12th std / class passed certificate and mark sheet - 2 nos.
- ☐ Bachelor in Prosthetics & Orthotics 3½ years / 4½ years certificate and mark sheets - 2 nos.
- ☐ Bachelor in Prosthetics & Orthotics Internship certificate - 2 nos.
- ☐ Bridge course / Condensed course / Lateral Entry Diploma in Prosthetics & Orthotics certificate and mark sheets - 2 nos.
- ☐ Registration Certificate from Rehabilitation Council of India.
- ☐ Eligibility certificate obtained from Rajiv Gandhi University of Health Sciences, Bengaluru, Karnataka
- ☐ Physical fitness certificate from Medical doctor of 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 Medical doctor of 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)

Cash/DD	DD No.	<input type="text"/>	Date.	<input type="text"/>
	Name of Bank.	<input type="text"/>		
Bank transfer:	Transaction No.	<input type="text"/>	Date.	<input type="text"/>
	Name of Bank.	<input type="text"/>		

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

DECLARATION BY THE APPLICANT

To

MOBILITY INDIA

1st & 1st 'A' Cross, J.P. Nagar, 2nd Phase,
Bangalore – 560 078, Karnataka, India.

I do hereby promise that

1. I will not cause any damage to any property of the Institute such as Benches, Switchboards, Furniture, Laboratory equipment, Sports equipment etc.
2. I will regularly attend all my classes throughout the year and I will maintain a minimum of 90% of attendance as per the rules. If due to any unforeseen circumstances, I unable to attend the classes for more than a week without prior intimation to the Principal, I shall submit a valid explanation at the earliest. I am aware that if 90% attendance is not maintained in all subjects, I will not be allowed to appear for the Annual Examination.
3. I will appear for all Examinations conducted by the Institution with out fail.
4. I will submit all the assignments, Record books, etc.. in time for the purpose of continuous evaluation. I shall make an earnest attempt to achieve high academic standards in all the subjects throughout the year.
5. I shall keep up the good name of the Institution in my conduct and actions.
6. I shall not indulge in ragging or in any other kind of misbehaviour .
7. I shall implicitly accept the decision of the Management as final in all matters of discipline.

Place:.....

Date:.....

Signature of Applicant