APPLICATION FORM

Bachelor in
Prosthetics & Orthotics

Duration 4$\frac{1}{2}$ year

(Indian Students)

AFFILIATION & RECOGNITION:

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

REHABILITATION COUNCIL OF INDIA, NEW DELHI
APPLICATION FORM

PERSONAL INFORMATION

1. Applicant Name: (As per school records)

2. Gender: [ ] Male [ ] Female

3. Date of Birth: [Day] [Month] [Year]

3A. Age: [ ] years

4. Father’s Name:

5. Mother’s Name:

6. Father / Mother’s Occupation:

7. Blood Group: [ ]

8. Address for Communication:

Country: [ ] PIN: [ ]

Contact No: [ ] E-mail ID: [ ]

Contact No: [ ] E-mail ID: [ ]

9. Are you Person with Disability, If yes: write your disability & assistive device you use

10. Do you require hostel in campus for the First year: [ ] Yes [ ] No

BACHELOR IN PROSTHETICS AND ORTHOTICS - 4\1/2 years
(Indian Students only)

Please fill up the application form in BLOCK LETTERS only
11. In Emergency:

A. Contact Person Name: 

B. Contact No: 

C. Relationship with student: 

12. Academic Information

<table>
<thead>
<tr>
<th>School Exam</th>
<th>State/central Board</th>
<th>Registration Number</th>
<th>Month / Year Of Passing</th>
<th>Total Maximum Marks</th>
<th>Total Scored Marks</th>
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<th>Total Maximum Marks</th>
<th>Total Scored Marks</th>
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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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<tr>
<td>Maximum Marks</td>
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<td>Scored Marks</td>
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Diploma In Prosthetics & Orthotics Recognised By RCI Institute - Details

<table>
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<tr>
<th>Examination</th>
<th>College Name</th>
<th>Affiliated Board</th>
<th>Registration Number</th>
<th>Month / Year Of Passing</th>
<th>Total Marks (% Age)</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 claimed 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 funder details

Name & address:

Contact No & Mail ID:

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

Name & address:

Contact No & Mail ID:

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

Enclose recommendation letter from employer
10 years of schooling certificate and mark sheet - 2 nos.
12 years of schooling certificate and mark sheet - 2 nos.
Transfer Certificate - 2 nos.
Migration Certificate - 2 nos.
Diploma in Prosthetics & Orthotics course certificate & Marksheet - 2 nos.
Character certificate from School/college - 2 nos.
Online eligibility certificate taken from Rajiv Gandhi University of Health Sciences.
Physical fitness certificate from Government Hospital Doctor
Sponsorship certificate from the sponsor
LABORATORY TESTS- Blood- Ag Hbs (Hepatitis B), Ac Hcv (Hepatitis C), Tuberculin Skin test (Mantoux) and Complete blood count by Government Hospital doctor
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 500/- (Indian), INR 500/- (Foreigner)

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**DECLARATION**

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

STUDENT'S SIGNATURE

DATE

FATHER / MOTHER / GUARDIAN'S SIGNATURE