

**Internationally Recognised Training  
Institute in India**

**APPLICATION FORM**

**Bachelor in**

**Prosthetics & Orthotics**

**Duration 4<sup>1</sup>/<sub>2</sub> year**

**(Indian Students)**

**AFFILIATION & RECOGNITION:**



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



**REHABILITATION COUNCIL  
OF INDIA, NEW DELHI**

# APPLICATION FORM

ACADEMIC YEAR  TO

## **BACHELOR IN PROSTHETICS AND ORTHOTICS - 4½ years**

(Indian Students only)

Quota:

☐

MGT

☐

GOVT

Photo

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

### PERSONAL INFORMATION

1. Applicant Name:  
(As per school records)

2. Gender: ☐ Male ☐ Female 3. Date of Birth:       3A. Age:  years  
Day Month Year

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

## 11. In Emergency:

A. Contact Person Name:

B. Contact No:  C. Relationship with student:

## 12. Academic Information

School Exam	State/central Board	Registration Number	Month / Year Of Passing	Total Maximum Marks	Total Scored Marks
10th					

Examination	State/central Board	Registration Number	Month / Year Of Passing	Total Maximum Marks	Total Scored Marks
Xiith Standard/ Intermediate/ Pre University					

## XII Std/intermediate/pre University/higher Secondary/senior School - Marks Obtained

	PHYSICS	CHEMISTRY	MATHEMATICS	BIOLOGY	ENGLISH
Maximum Marks					
Scored Marks					

## Diploma In Prosthetics & Orthotics Recognised By RCI Institute - Details

Examination	College Name	Affiliated Board	Registration Number	Month / Year Of Passing	Total Marks (% Age)
Diploma In Prosthetics & Orthotics					

## 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

**DOCUMENTS TO BE ATTACHED TO THE APPLICATION (PHOTO COPY ONLY):**

- ☐ 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)**

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

**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