APPLICATION FORM

ISPO CAT II Courses

Duration: 3 years

Recognized by

INTERNATIONAL SOCIETY
FOR PROSTHETICS & ORTHOTICS
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: 

6. Blood Group: 

7. Nationality: [ ] Indian [ ] Foreign

8. Address for Communication:

Country: 

PIN: 

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: [ ] Yes [ ] No (Provided based on the availability)

11. In Emergency:

A. Contact Person Name: 

B. Contact No: 

C. Relationship with student: 

ISPO Recognised Courses

[ ] Orthopedic Technologist
12. Passport details (only for foreigners):
   A. Number: ________________________
   B. Issue Place: ____________________
   C. Date of issue: ____________________
   D. Date of expiry: ____________________

13. Language:
   A. Mother tongue: ____________________
   B. *Fluency in english:
      * Rate your self
      E:Excellence; G:Good; F:Fair; P:Poor

14. Education

### A. Indian Nationals:

<table>
<thead>
<tr>
<th>Exam Passed</th>
<th>Passed Year</th>
<th>Board</th>
<th>Maximum Marks</th>
<th>Marks obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Years of Schooling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Years of Schooling</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Certificate from Industrial training institute in Mechanical, Electrical/Electronic Engineering.</td>
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</tbody>
</table>

### B. Foreign Nationals:

<table>
<thead>
<tr>
<th>Exam Passed</th>
<th>Passed Year</th>
<th>Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>The class equivalent to 12 years of schooling</td>
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<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL INFORMATION**

15. Are you working in the Prosthetics & Orthotics Workshop/Community work/Therapy Service at present? If yes describe about your job roles and responsibilities & years of experience.

Enclose experience of certificate
Wherever is not applicable please Write “NA”
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
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