

MOBILITY INDIA Rehabilitation Research and Training Centre, Bengaluru, India

Internationally Recognised Training
Institute in India

APPLICATION FORM

Master in Prosthetics & Orthotics (MPO)

(Indian Students)

2 years

AFFILIATION & RECOGNITION:







ACADEMIC YEAR	ТО	

MASTER IN PROSTHETICS AND ORTHOTICS - 2 years

Quota: Photo

Output

Description: Photo

(Indian Students only)

Please fill up the application form in BLOCK LETTERS only						
PERSONAL INFORMA	TION					
1. Name of Applicant (As per school reco						
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 Occupat	ion:			8. Blood Group:		
7. Mother's Occupat	tion:					
9. Address for Communication:						
Country:		PIN:				
1. Telephone No:		E-mail ID:				
2. Telephone No:		E-mail ID:				
10. Are you a Persor	n with Disabilit	y, If yes , What is your	disability? Do you	use any assistive device?		

11. In Emer	gency:							
A. Name of	Contact Person:							
B. Telephon	e No:			C. Relations	hip with appli	cant:		
	nic Information			I		l		
Examination	State/Central/a	any other board		Registration Number	Month / Year of Passing		cimum s in total	Total Marks Obtained
10th								
Examination	State/Central/a	any other board		Registration Number	Month / Year of Passing	Maximum Marks in total		Total Marks Obtained
12th Standard/ Intermediate/ Pre University								
XII Std/Int	ermediate/Pre	University/Higl	her	Secondary/	Senior Scho	ol - N	Narks (Obtained
	PHYSICS	CHEMISTRY		MATHEMATICS	BIOLOG	′	EN	IGLISH
Maximum Marks								
Marks obtained								
Diploma In	Prosthetics & O	rthotics - 2 year	s (I	f applicable)				
Examination	Name & Address of Institution	Authority Grantii Recognition	ng	Registration Number	Month / Year of Passing		ximum s in total	Total Marks Obtained
1st Year								
2nd Year								
Bachelor Ir	n Prosthetics & C	Orthotics - 3½ /	4½	years				
Examination	Name & Address of Institution	Affiliating University Authority Granting Recognition		Registration Number	Month / Year of Passing	1	ximum s in total	Total Marks Obtained
1st Year								
2nd Year								
3rd Year								
4th Year								
13. Commu	ınity							
GEN		Cat I		Cat IIA			Cat IIB	
Cat IIIA		Cat IIIB		SC			ST	
					Caste:			
					Sub Caste:			
(Noto : The set	egony stated cannot be	changed after the sub-	mioo	ion of the application	on The esterony	vill bo o	ansidarad	as Conoral

(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 sponsoring authority	by any individual/funding agency, please specify details of
Name & address:	
Telephone No: & E-mail ID:	
17. If you are a staff of any nor please specify details	n government organisation/business entity at present
Name & address:	
Telephone No & E-mail ID:	
Name & Signature of Head of the Organisation (with official s	seal)
Enclose recommendation letter f	rom employer

	OCUMENTS TO B	E ATTACHED WITH	THE APPLICATION	DN (Self attested Ph	otocopies	only):	
	10th std / class	s pass certificate	and mark shee	t - 2 copies			
	12th std / class	s pass certificate	and mark shee	t - 2 copies			
	Bachelor in Pro	osthetics & Ortho	tics 3½ years /	4½ years certifica	ate and m	ark she	eets - 2 copies
	Bachelor in Pro	osthetics & Ortho	tics Internship	certificate - 2 copi	es		
	Bridge course and mark shee		rse / Lateral Er	ntry Diploma in Pr	osthetics	& Orth	otics certificate
	Registration C	ertificate from Re	habilitation Cou	uncil of India, New	/ Delhi		
	Eligibility certificate obtained from Rajiv Gandhi University of Health Sciences, Karnataka						
	Physical fitnes	s certificate from	a medical doct	or of a governmer	nt hospita	I	
	Sponsorship c	ertificate from the	sponsor				
			` .	itis B), Ac HCv (H y a medical docto	•	•	
	2 passport size	e photos (Descrip	tion: Size 3.5 x	3.5 cm, Colour o	f backgro	und: w	hite)
	Aadhaar card						
	Income & Cas	te Certificate					
	Disability Certi	ficate					
Αp	plication Fees	: INR 1000/- (Ind	ian)				
C	Cash/DD	DD No.				Date.	
C	Cash/DD	DD No. Name of Bank.				Date.	
	Cash/DD Bank transfer:					Date.	
		Name of Bank.]	
В	Bank transfer:	Name of Bank. Transaction No.]	
DE I h inf	Sank transfer: CLARATION nereby solemnly formation furnish formation. If late	Name of Bank. Transaction No. Name of Bank. and sincerely affined in the applicator, it is found that	irm that I fulfil the tion form are contains any information	ne eligibility condi orrect, and also th n furnished herein to the course is lia	nat I have n is fraudu	Date.] statem not wit	thheld any correct or untrue