



APPLICATION FOR ADMISSION

ACADEMIC YEAR 20 TO 20

Please affix passport size (3.5cm x 4.5cm) photograph here

Rehabilitation Research and Training Centre

1st & 1st 'A' Cross, J.P. Nagar, 2nd Phase, Bangalore - 560 078.INDIA

☎ : +91-80-26492222 / 26597337 / 26491386 - Ext-125 (Academic)

☎ : +91-80-26494444 Ext. - 110

✉ : academic@mobility-india.org

🌐 : www.mobility-india.org

Application No:

OFFICE USE ONLY

Roll No:

PART 1 - ACADEMIC PLANS

Proposed Course

- Certificate in Lower Limb Orthotic Certificate in Rehabilitation Therapy Assistant
- Certificate in Lower Limb Prosthetics Diploma in Prosthetics & Orthotics

PART 2 - PERSONAL DETAILS

1. Student Name:

(As written in 10th standard
marksheet/certificate)

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

4. Father / Mother's Name:

5. Father / Mother's Occupation: 6. Blood Group:

7. Nationality: Indian NRI Foreign

8. PERMANENT ADDRESS

City:
District:
State:
Country:

8.A. CORRESPONDENCE ADDRESS

This is where all our mail will be sent. Please make sure you keep it up to date and advise if it changes

City:
District:
State:
Country:

Country code: State code: No:

Telephone:

Country code: State code: No:

Fax:

Mobile:

E-mail:

Country code: State code: No:

Telephone:

Country code: State code: No:

Fax:

Mobile:

E-mail:

9. In Emergency:

A. Contact Person Name:

B. Contact No: C. Relationship with student:

10. Passport details:

A. Number:

B. Place:

C. Date of issue:
Day Month Year

D. Date of expiry:
Day Month Year

11. Language:

A. Mother tongue:

B. *Fluency in english: Reading
 *Rate your self Writing
E:Excellence; G:Good; F:Fair; P:Poor Speaking

12. Disability Information:

A. Describe Disability:

B. Aids & Appliances you use:

13. Do you seek admission to the Hostel: Yes No

PART 3 - PREVIOUS ACADEMIC EDUCATION

Exam Passed	Year Passed	Board or University	Total Marks Scored	Percentage/ Grade
10th Std/10Years Schooling				
For Indian: (10+2)				
i. Arts				
ii. Commerce				
iii. Science				
For Overseas: <i>The class equivalent to 12 years of schooling</i>				
Other technical courses attended				

PART 4 - ADDITIONAL INFORMATION

Are you working in the rehabilitation field at present?

(Prosthetic & Orthotic Workshop / Community work / Therapy Service)

Yes No

A. If **YES**, answer the following questions

1. Please describe your present job (roles and responsibilities).

2. Please describe the kinds of disabilities you worked with till date.

3. Why are you interested in applying for this course?

4. Do you have information about the job you will do after the course? Describe

B. If **NO** answer the following questions

1. Why are you interested in applying for this course?

2. Please describe the kinds of disabilities you have seen till date?

3. Do you have information about the job you will do after the course? Describe

PART 5 - DOCUMENTS REQUIRED

Please tick the relevant box for copy of documents enclosed along with this application (do not enclose original certificates).

- 10th Marks Card
- 3 Passport size photos
- Passport Copy
(Applicable only for international students)
- 10 + 2 Marks Card
- Disability Certificate
(Applicable only for Indian students)

PART 6 - STUDENT DECLARATION

I hereby declare that the information I have provided is authentic and true to the best of my knowledge. I authorise Mobility India to verify the information furnished by me. I understand that the decision of Mobility India is final and binding with respect to my admission to the Institute.

STUDENT'S SIGNATURE

DATE

FATHER / MOTHER / GUARDIAN'S SIGNATURE

OFFICE USE ONLY

On behalf of Mobility India, I have verified all the details and certificate copies furnished by the candidate and found true.

VERIFIED BY

NAME

DATE

SIGNATURE

Remarks

PART 7 - FUNDER/SPONSOR DETAILS

1. Funder or sponsor name:

2. Contact person name and designation:

3. Correspondence address:

City:

District:

State:

Country:

Telephone:

Country code:	<input type="text"/>	State code:	<input type="text"/>	No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fax:

Country code:	<input type="text"/>	State code:	<input type="text"/>	No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile:

E-mail:

PART 8 - PARENT ORGANISATION DETAILS

1. Parent Organisation name:

2. Contact person name and designation:

3. Correspondence address:

City:

District:

State:

Country:

Telephone:

Country code:	<input type="text"/>	State code:	<input type="text"/>	No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile:

E-mail:

PART 9- TO BE COMPLETED BY THE PARENT ORGANISATION (COMPULSORY)

1. Please state why you would like the applicant to attend this particular training programme.

2. How will you support and supervise the applicant in their job following their completion of the training programme?

3. What facilities/manpower/ infrastructure do you currently have? E.g Prosthetic/ Orthotic Workshop/Unit, Therapy Unit, CBR programme.

4. Kindly mention the approx. number of persons with disabilities the participant has worked with before training and/or will be working after training? Please mention the type of disabilities.

DECLARATION BY THE PARENT ORGANISATION

(If selected student is an existing employee of your organization)

This is to certify that the applicant is our Employee for the past years. The furnished information about the applicant is true.

Signature of the official authority

Organisation Seal

Date:

(If selected student is a fresh candidate)

This is to certify that the applicant is newly selected to undergo the above said course. The furnished information about the applicant is true.

Signature of the official authority

Organisation Seal

Date: