

**Rehabilitation Research and Training Centre Bengaluru, India** 

Internationally Recognised Training Institute in India

# **APPLICATION FORM**

### for

# **Admission**

### to

## **Certificate in**

### **Rehabilitation Therapy**

**Recognized by** 



#### Eligibility for admission:

Indian Students: Have successfully completed 12 year of schooling with any stream with 50% score

**SAARC/NRI/Overseas Students**: Have successfully completed 'A' level schooling with 50% score from Boards/Councils of Higher Education established by respective countries recognised as equivalent to 10+2 in India.

Age: Applicant should have completed the age of 17 years at the time of admission

#### Method of Selection:

Selection is based on Merit. Candidates undergo a preliminary written test and interview.

#### **Course Duration:**

- Certificate in Rehabilitation Therapy One year full time
- Medium of Instruction: English

#### **Important Month:**

- 1. Admission Opens: January
- 2. Accepted completed Application form: End of April
- 3. Entrance Test (written at the institution or over phone, Skype): March-May
- 4. Confirmation of admission : **April-June** (once institution satisfied with candidature)
- 5. Remittance of course fee: June (Cash/Demand Draft/online payment is acceptable)
- 6. Commencement of Course: 2<sup>nd</sup> week of July

#### **Application Fees:**

Application can be obtained by hand from Mobility India on payment of INR 200/- for Indian student & INR 500/- for foreign student or by mail or download from www.mobility-india.org and submitted duly filled application along with demand draft drawn in favour of Mobility India payable at Bengaluru or Bank transfer to Mobility India account.

#### **ELIGIBILITY & ADMISSION PROCEDURE**

#### Documents to be attached to the application:

- Photocopy of 10 and 12 years of schooling certificates and Mark sheet with self-attestation
- Photocopy of Character certificate from School/college from where candidate has passed
- Transfer certificate from school/college
- Physical fitness certificate from Government Hospital Doctor
- Sponsorship certificate from the sponsor outlining what costs they will cover and confirming they will fund the entire course (*If applicable*)
- Recommendation letter from organisation (present/past employer) (If applicable)
- 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)
- Experience Certificate (If applicable)
- Passport Copy (Applicable only for international students)
- Disability Certificate (Applicable only for Indian students)

#### Instruction to fill the application form:

- Forms must be filled in applicant's own handwriting
- Use only BLACK OR BLUE Hi-Tec Point type pen to fill up the form
- Applicants must paste their most recent colour photo graph (not older than 3 months)
- Overwriting, striking off or erasing in the form may lead to rejection and should be avoided
- Any discrepancy in the statement and /or submission of incomplete forms will lead to rejection of application/cancellation of admission
- Wherever it is not applicable Write "NA". don't leave blank box

### Applicants are required to submit photocopies of marks cards, certificates or any other documents and must ensure that:

- The photocopies are taken on A4 size paper only
- The print/scan is clear, legible and readable
- Both sides are photocopied if the original marks care is printed on both sides

#### DO NOT SEND ANY ORIGINAL DOCUMENTS ALONG WITH THE APPLICATION FORM

SUBMIT ORIGINAL CERTIFICATE AT THE TIME OF ADMISSION IN PERSON FOR VERIFICATION

#### **MOBILITY INDIA**

#### **Cancellation of Admission:**

All the admissions made will be provisional and if at any stage during the entire course it is found that the candidate has submitted false information in the application form, his/her candidature for the course will be cancelled and disciplinary action may be taken against him/her as the institutional rules. The institution reserves the right to cancel the admission of any student for a specific reason.

#### **Refundment:**

If candidate wanted to cancel his/her admission after the course fee payment or commencement of the classes, refundable of course fees will be subject to institution decision & student cannot cliam.

#### Address to Post your duly filled in application:

\* Do not send the eligibility and admission procedure page no 1 to 4 with application

#### Manager Academic Administration Mobility India

#### **Rehabilitation Research and Training Centre**

1st & 1st 'A' Cross, J.P. Nagar, 2nd Phase, Bangalore - 560 078.INDIA ① :+91-80-26492222 / 26597337 / 26491386 - Ext-125 (Academic) @ :+91-80-26494444 Ext. - 110

#### Mail ID to send your duly filled in application:

academic@mobility-india.org



### **APPLICATION FORM**

ACADEMIC YEAR 2016 TO 2017

Please affix stamp size (2cm x 2.5cm) photograph here

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

#### **RCI Recognised Course**

Certificate in Rehabilitation Therapy

| PERSONAL INFORM                           | ATION            |               |               |                |                  |       |
|---|------------------|---------------|---------------|----------------|------------------|-------|
| 1. Applicant Name:<br>(As per school reco | rds)             |               |               |                |                  |       |
|   |                  |               |               |                |                  |       |
| 2. Gender: Male                           | Female           | 3. Date of    | Birth: Day    | Month Ye       | 3A. Age:         | years |
| 4. Father's Name:                         |                  |               |               |                |                  |       |
| 5. Mother's Name:                         |                  |               |               |                |                  |       |
| 6. Father / Mother's                      | Occupation:      |               |               |                | 6. Blood Group:  |       |
| 7. Nationality:                           | Indian SC        | ST            | Backward C    | Class          | Foreign          |       |
| 8. Address for<br>Communication:          |                  |               |               |                |                  |       |
| Country:                                  |                  |               | PIN:          |                |                  |       |
| Contact No:                               |                  | E-            | mail ID:      |                |                  |       |
| 9. Are you Person w                       | vith Disability, | If yes: write | your disabili | ty & assistive | e device you use |       |
|   |                  |               |               |                |                  |       |
| 10. Do you require h                      | lostel in camp   | ous: Yes      | s No          |                |                  |       |
| 11. In Emergency:                         |                  |               |               |                |                  |       |
| A. Contact Person Na                      | ame:             |               |               |                |                  |       |
| B. Contact No:                            |                  |               | C. Relatio    | onship with st | udent:           |       |

#### 10. Passport details (only for foreigners):

| A. Number:        | C. Date of issue:                 |       |          |      |
|-------------------|-----------------------------------|-------|----------|------|
|                   |                                   | Day   | Month    | Year |
| B. Issue Place:   | D. Date of expiry:                |       |          |      |
|                   |                                   | Day   | Month    | Year |
| 11. Language:     |                                   |       |          |      |
| A. Mother tongue: | B. *Fluency in eng                | lish: | Reading  |      |
|                   | * Rate your self                  |       | Writing  |      |
|                   | <b>E</b> :Excellence; <b>G</b> :G | ood;  | Speaking |      |
|                   | <b>F</b> :Fair; <b>P</b> :Poor    |       |          |      |

#### **12. Academic Information**

| Exam Passed   | Passed<br>Year | Board or University | Maximum<br>Marks | Marks<br>obtained |
|---|----------------|---------------------|------------------|-------------------|
| 10 Years of Schooling   |                |                     |                  |                   |
| 12 Years of Schooling   |                |                     |                  |                   |
| For Overseas:<br>The class equivalent to<br>12 years of schooling |                |                     |                  |                   |

#### ADDITIONAL INFORMATION

13. 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.

| 14. If your study is sponsored by any individual/funding agency, please specify funder details                 |
|--|
| Name<br>& address:   |
| Contact No<br>& Mail ID:   |
| 15. If you are a staff/Identified by any non government organisation/business entity at present please specify |
| Name<br>& address:   |
| Contact No<br>& Mail ID:   |
| Name & Signature with official seal<br>(Head of the Organisation)  |
| Enclose recommendation letter from employer  |

#### DOCUMENTS TO BE ATTACHED TO THE APPLICATION:

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- Disability Certificate (Applicable only for Indian students)

#### Application Fees: INR 200/- (Indian), INR 500/- (Foreigner)

| Cash/DD           | DD No.          | Date. |
|-------------------|-----------------|-------|
|                   | Bank Name.      |       |
| Devel to see from | Tana dia Na     | Data  |
| Bank transfer:    | Transaction No. | Date. |
|                   | Bank Name.      |       |

#### DECLARATION

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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.

|                                      | DATE |  |
|--------------------------------------|------|--|
| STUDENT'S SIGNATURE                  |      |  |
|                                      |      |  |
| ATHER / MOTHER / GUARDIAN'S SIGNATUR | E    |  |