



NATIONAL INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION

(An Autonomous Institution Under Department of Social Justice, Govt. of Kerala)

DOCUMENTS TO BE PRODUCED BY THE CANDIDATE

Sl. No	Items/ Particulars
1	Printout of LBS Application Form
2	Allotment Memo from LBS
3	Receipt of fee remitted to LBS
4	Date of Birth Certificate
5	Transfer Certificate issued by the last institution attended
6	Conduct Certificate issued by the last institution attended
7	Original Mark sheets and five attested copies of the qualifying examinations (SSLC or equivalent and +2)
8	Eligibility certificate from any Kerala University (if required)
9	Migration Certificate (if required)
10	Community Certificate obtained from a Tahsildar in SC/ ST candidates' case
11	Category Certificate (for candidates claiming reservation under that category)
12	Physical Fitness Certificate (The certificate should be issued by a Government Medical officer not below the rank of an Assistant Surgeon and it should be in the format of LBS attached below)
13	Certificate proving candidate's vaccination against Hepatitis B (The certificate should be issued by a Government Medical officer not below the rank of an Assistant Surgeon and it should be in the format of LBS attached below)
14	Domicile or equivalent to prove nativity from the revenue authorities (Village Office)
15	Five Copies of Aadhaar Card
16	Sponsorship Certificate, Copy of Passport and Employment Certificate attested by the consulate/embassy in case of NRI candidates. Certificate to prove relationship with the student
17	Stamp paper worth Rs. 200/- in the name of the candidate
18	Passport size photograph -5 hard copies & softcopy (Dimensions: Maximum size: 30 kb, Image dimension 150 W x 200 H, Image type: JPG, Background colour: white)
17	Medical Certificate (obtained from the District Medical Board in case of PwD)

NB: The Candidate should transfer the full fee amount for 1st year to NIPMR account on the day of admission. The admission process will be completed only after the receipt of fee submitted by the candidate.

Failure to produce any of the above mentioned documents at the time of admission, will result in the cancellation of admission.



Kallettumkara P.O., Iinjilakuda, Thrissur - 680 683. Phone : 0480 - 2881959, 2881960, 2881961
E-mail : info@nipmr.org.in, nipmrin@gmail.com, Website : www.nipmr.org.in
Reg. No. TSR/TC/19/2016 dated 20/01/2016

ISO 9001-2015 REGISTERED

Fee Details

Sl. No	Quota	Tuition Fee (Rs)	Special Fee (Rs)	Total (Rs)
1	State Merit	57,592.00	27,605.00	85,197.00
2	Management Quota	1,10,779.00	27,605.00	1,38,384.00
3	NRI Quota	2,25,000.00	27,605.00	2,52,605.00

NB : In addition to the above fee, an amount of Rs. 10,000/- (refundable at the end of the course without interest, deducting the cost for the damage caused by the student, if any) should be remitted as caution deposit by the candidate at the time of admission.

NIPMR BANK ACCOUNT DETAILS

Name of Account Holder: NIPMR, Bachelor of Occupational Therapy Programme

Name of the Bank: Federal Bank

Bank Branch: Kallettumkara

Account Number: 10170100177582

IFS Code: FDRL0001017



EXECUTIVE DIRECTOR
National Institute of Physical
Medicine & Rehabilitation
Kallettumkara, Pin - 680 683
Irinjalakuda, Kerala, India.

NRI candidates seeking admission to B.Sc Nursing/Paramedical Course should upload following documents to prove the NRI status of his/ her parent and declaration of the NRI in the prescribed form to establish his/ her relationship with the candidate.

- NRI certificate : Any one of the following certificates :-
 - a. NRI Account number and Certificate issued by the Scheduled bank stating that he/ she is Non Resident Indian holding an NRI account other than a zero balance account

OR
 - b. Attested copy of the employment certificate and relevant pages of the certificates

OR
 - c. Certificate from the Embassy concerned
- Sponsorship certificate in the attached format (*Annexure A*).
- Attested copy of the relevant pages of the passport containing Visa details
- Undertakings (*Annexure B & C*)
- Relationship certificate from village officer / Tahasildar
(Relationship with the sponsor should comply the Govt. order No. G.O (Ms)No.193/2013/H&FWD dtd 22.5.2013 KUHS order No.2836/ACB/KUHS/ 2014 dated.12.06.2014)

ANNEXURE – A

SPONSORSHIP CERTIFICATE FOR NRI SEAT

TO WHOMSOEVER IT MAY CONCERN

I hereby declare that I am a Non Resident Indian employed / residing at
.....(country) My Passport No. I further declare
that(name of student) who is seeking admission to B.Sc
Nursing/Paramedical course against NRI category is my(relationship with
student) and dependent on me for his/ her education. I further declare that I shall pay all the
prescribed fees for the course of study in the college.

Place :

Signature of NRI relative :

Date :

Name:

ANNEXURE – B

UNDERTAKING OF THE STUDENT

I.....S/o/D/o.....
..... hereby undertaking to abide by the following conditions stipulated
in the prospectus for my admission to NRI seats in to BSc
Nursing/Paramedical 2023 under NRI quota.

- i. Fee once paid against the NRI seat allotted to me shall not be refunded by the institution under no circumstances.
- ii. In the event of my discontinuing the course after the closing of the admission for BSc Course in the same academic year or in subsequent years the refundable deposit remitted shall stand forfeited to the institution and I shall be liable to pay liquidated damages equal to the total fees payable for the remaining years of study at the time of TC. The TC and original certificates will be returned only on remittance of the liquidated damages as above
- iii. Fee paid by me for the NRI seat admission to BSc Nursing/Paramedical Course shall not be adjusted against fees if any that I am liable to pay in the event of my being allotted a seat for admission to BSc Nursing Course or any other course by other authority in the same or in any other colleges.
- iv. I agree to abide by the conditions stipulated above and in token of my acceptance of the condition my signature is appended hereto. I have read and fully understood the above. The above undertaking had been read out and explained to me and I fully understood the same.

Dated this day of..... 2023

Signature

Name and Address of Student

Signed before me

Principal

ANNEXURE – C

UNDERTAKING OF THE GUARDIAN

I.....S/o/D/o.....
..... hereby undertaking to abide by the following conditions stipulated
in the prospectus for admission of my son/daughter/ward (name of
student).....to NRI seats in (name
of the college) to BSc Nursing /Paramedical 2023 under NRI quota.

1. Fee once paid against the NRI seat allotted to me shall not be refunded by the institution under no circumstances.
2. In the event of the discontinuing the course by the student after the closing of the admission for BSc Course in the same academic year or in subsequent years the refundable deposit remitted shall stand forfeited to the Institution and I / We shall be liable to pay liquidated damages equal to the total fees payable for the remaining years of study at the time of request for TC. The TC and original certificates will be returned only on remittance of the liquidated damages as above
3. Fee paid by me for the Management/NRI seat admission to BSc Nursing/Paramedical Course shall not be adjusted against fees if any that I am liable to pay in the event of my student being allotted a seat for admission to BSc Nursing Course/Paramedical or any other course by other authority in the same or in any other colleges.
4. I / We agree to abide by the conditions stipulated above and in token of my acceptance of the condition my signature is appended hereto. I have read and fully understood the above. The above undertaking had been read out and explained to me and I fully understood the same.

Dated this day of..... 2023

Signature

Name and Address of Guardian

Signed before me

Principal

VACCINATION CERTIFICATE

Signature of Candidate

I,
hereby certify that
..... whose signature is
given above has been vaccinated against

Place:
Date:

Name:
Designation:

Seal

ANNEXURE - V (e)

PHYSICAL FITNESS CERTIFICATE
FOR ADMISSION TO PROFESSIONAL DEGREE COURSES

[See Clause 10.1(ix)]

(To be filled up by a Medical Practitioner not below the rank of Asst. Surgeon)

I, Dr.after careful personal
examination of the case do hereby certify that Sri/Kum.....
..... whose signature is given below is found physically
fit and suitable to undergo Professional Degree courses in B.Sc. Nursing/B.Sc. MLT/B.Sc.
Perfusion Technology/B.Sc.Optomety/B.P.T./B.A.S.L.P./B.C.V.T./B.Sc MRT/B.Sc. Dialysis
Technology/ Bachelor of Occupational Therapy (*Strike out which is not applicable.*).

His/Her height , weight , chest and vision.....

Signature :

Name :

Place :

Reg. No. :

Date :

Designation :

(Office Seal)