



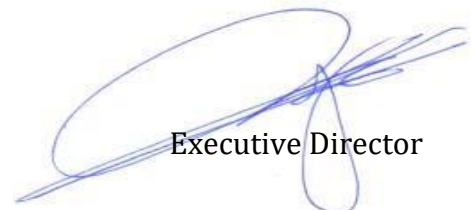
NATIONAL INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION

(An Autonomous institution under Department of Social Justice)

DOCUMENTS TO BE PRODUCED BY THE CANDIDATE FOR BOT ADMISSION

Sl. No	Items/ Particulars
1	Allotment Memo issued by LBS
2	Printout of LBS Application Form
3	Fee Remittance details (LBS)
4	Fee Remittance details (NIPMR)
5	Original Transfer Certificate (TC) and Conduct Certificate from the Institution last attended. Conduct Certificate shall be obtained within 6 months prior to Date of Admission
6	Certificate to prove date of birth and four copies of the same
7	Original Mark sheets or passing certificates of 10 th and 4 copies
8	Original Mark sheets or passing certificates of Plus 2 and 4 copies each
9	Eligibility certificate (if required)
10	Migration Certificate
11	Physical Fitness Certificate
12	Certificate proving candidate's vaccination against Hepatitis B
13	Domicile or equivalent to prove nativity
14	Category Certificate (for candidates claiming reservation under that category)
15	Income Certificate from concerned Revenue Authority
16	Bond/ agreement (Stamp Paper worth Rs.200/-)
17	Community Certificate
18	Inter-Caste Marriage Certificate (if applicable)
19	Medical Certificate (obtained from the District Medical Board in case of PwD)
20	5 copies of Aadhar card
21	3 hard copies of Passport size photograph and 2 copies of stamp size photograph
22	Passport size photo softcopy (Dimensions: Maximum size: 30 kb, Image dimension 150 W x 200 H, Image type: JPG, Background colour: white)




Executive Director

BACHELOR OF OCCUPATIONAL THERAPY - FEE STRUCTURE

Fees	Merit Seat (Amount in Rupees)	Management Seat (Amount in Rupees)	NRI (Amount in Rupees)
Tuition Fee	74,869/-	1,44,012/-	2,92,500/-
Special Fee	35,886/-	35,886/-	35,886/-
Total Fee	1,10,755/-	1,79,898/-	3,28,386/-

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



NRI Quota

An applicant, who depends upon his/her Father/Mother/ Brothers and Sisters (inclusive of first cousins)/ Husband/Wife/ Brothers and Sisters (inclusive of first cousins) of Father or Mother/Half Brother/Half Sister/Adopted Father or Adopted Mother working abroad is eligible to apply under NRI quota. (As per the G.O (MS) No.243/2014/ H&FWD dated 06.08.2014). Candidates who seek admission under NRI quota in Private Self Financing Medical/Dental colleges should upload documents/certificates as per G.O. (Rt) 375/2020/H&FWD dated.22.02.2020 & G.O (Rt) No.1480/2022/H&FWD dated: 22.06.2022.

The following documents shall be uploaded for NRI Quota reservation (As per G.O. No. 375/2020/H&FWD, Dated 22.02.2020 and G.O (Rt) No.1480/2022/H&FWD, Dated 22.06.2022).

1. Passport copy and Visa attested by the Embassy or Consulate authorities/Green Card/Overseas Citizen of India (OCI) documents of their respective sponsors. The job of the sponsor should be mentioned in any of the above documents.
2. The visa of the Sponsor should be valid till the closing date of admission in respect of Medical and Medical Allied courses.
3. In case, the employment of the sponsor is not mentioned in the above documents, the candidate has to produce the Employment Certificate of the Sponsor attested by the Embassy/Consulate authorities.
4. The Certificates clearly establishing the relationship of the sponsor with the candidate shall be obtained from the Revenue authorities as per the G.O (MS) No. 243/ 14/ H&FWD dated 06.08.2014.

Note:

- a. Relationship should clearly be established. In case relationship is mentioned as Niece/Cousin/Uncle/Aunt only in the space provided for in the certificate, the Village Officer should give an explanation of the relation in the certificate itself. Niece/Cousin/Uncle/Aunt should be explained with clear relationship. The relationship link should be clearly explained. Certificates showing mere Niece/Cousin/Uncle/Aunt without establishing clear relationship link will be rejected.
 - b. Candidates shall verify the certificate properly before submitting online.
 - c. Directives of AFRC from time to time will be applicable to the NRI documents subject to the Government Orders.
5. However the relationship between the candidate and his/her father/mother which are recorded in the educational certificates maintained in the usual course of transaction by the competent authorities shall be accepted.
 6. The candidate shall produce the sworn affidavit from the Sponsor in a stamp paper worth Rs.200/-.The same shall also be notarized by the Notary Public, disclosing that the student is dependent of the sponsor and all expenses i.e. tuition fee and special fee, of the candidate for the entire course period will be borne by the Sponsor.

ANNEXURE XVII
AFFIDAVIT
(For NRI sponsorship)

I hereby solemnly declare that I am residing at
..... and I am employed at My Indian
Passport No. is

I further declare that Shri. who is a candidate seeking admission to
..... against the NRI quota in the state of Kerala during the admission year is
my (relation to be specified).

Further I undertake to sponsor the said candidate for admission under the NRI quota and to bear
his/her entire tuition fees and other fees for the whole course for which he/she is seeking admission. I
understand that I am not entitled to get refund of this amount.

The declaration given herein is true and correct to the best of my knowledge and belief.

Date:

Signature:

Place:

Name:

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 above is found physically fit and suitable to undergo Professional Degree courses in B.Sc. Nursing/B.Sc. MLT/B.Sc. Perfusion Technology/B.Sc. Optometry/B.P.T/B.A.S.L.P/B.C.V.T/B.Sc MRT/B.Sc. Dialysis Technology/B.Sc RTT/BMIT/BNT (*Add course which is applicable/Strike out which is not applicable*).

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

.....

Signature :

Name :

Place:

Reg. No. :

Date :

Designation:
(Office Seal)