

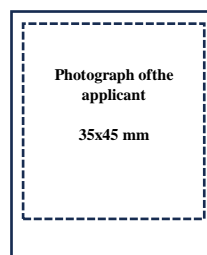


NATIONAL INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION

(An Autonomous institution under Department of Social Justice, Government of Kerala)
Kallettumkara P O, Irinjalakuda, Thrissur 680683 Ph: 7560870111, 7510870111
email: nipmrin@gmail.com Website: www.nipmr.org.in

ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE AND DIPLOMA LEVEL COURSE FOR THE ACADEMIC SESSION 2024-25

Form No. _____



Application form for admission to (name of the course): _____

1	Student's Name			
2	Father's Name			
3	Mother's Name			
4	Date of Birth	(DD/MM/YYYY)		
5	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>		
6	Nationality			
7	Aadhaar Number			
8	Category	Gen <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/>		
9	PwD	Yes <input type="checkbox"/> No <input type="checkbox"/>		
10	Are you Parent / Sibling of PwD	Yes <input type="checkbox"/> No <input type="checkbox"/>		
11	If yes, mention UDID number or UDID enrolment number			
12	Do you belong to EWS Category			
13	Permanent Address		Correspondence Address	
	Address			
	Village/City			
	District			
	State			
Pin Code				
14	Mobile Number:	Email ID:		

15. Educational Qualification:

Name of the Examination passes	Board/ University	Year of passing	Total Marks	Marks obtained	% obtained	Subject(s)
10th						
12th						
Any Other						

Declaration

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidates be shall be liable for cancellation for admission by the NBER, RCI or concerned training institutes at any stage.

(Name and Signature of the Applicant)

Note: Self attested copy of caste, educational qualification and UDID (PwD) certificate (if applicable), any other relevant documents to be enclosed along with the application form.



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Acknowledgement Slip

Form no. _____

Received Application from _____ S/o/D/o/W/o
_____ for admission to _____ for
the academic session 2024-25.

Date:

Name and signature of the

Place:

Course Coordinator/HoD