

**ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE AND DIPLOMA LEVEL COURSE FOR THE
ACADEMIC SESSION 2023-24**

Form no _____



NATIONAL INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION

(An Autonomous institution under Department of Social Justice)

Kallettumkara P O, Irinjalakuda, Thrissur 680683 Ph: 0480-2881959, 2881960, 2881961
email: info@nipmr.org.in Website: www.nipmr.org.in
Reg. No: TSR/TC/19/2016 dated 20/01/2016

Photograph of the applicant 35x45 mm
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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	Aadhar 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	If yes, mention UDID number or UDID enrolment number	
11	Do you belongs to EWS Category	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Permanent address	Correspondence address
	Address	
	Village/City	
	District	
	State	
	Pin Code	
13	Mobile Number:	E-mail ID:

14 Educational Qualification:

Name of the Examination passed	Board/University	Year of passing	Total Marks	Marks obtained	% obtained	Subject(s)
10 th						
12 th						
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 candidature shall be liable for cancellation for admission by the NBER, RCI or concerned training institute 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.

Acknowledgement Slip

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Received Application from _____ S/o, D/o, W/o _____

for admission to _____ for the academic session 2023-24.

Date:

Name and signature of the

Place:

Course Coordinator/HoD