



NATIONAL INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION
(An Autonomous institution under Department of Social Justice)

DOCUMENTS TO BE PRODUCED BY THE CANDIDATE FOR ADMISSION 2025

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 10th 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 in the relevant format prescribed by LBS, obtained from a Government Medical Practitioner not below the Rank of Asst. Surgeon
- 12 Domicile or equivalent to prove nativity
- 13 Certificate showing that the candidate has got himself/herself vaccinated against Hepatitis B.
- 14 Income Certificate from concerned Revenue Authority
- 15 Bond/ agreement (Stamp Paper worth Rs.200/-)
- 16 Community Certificate
- 17 Inter-Caste Marriage Certificate (if applicable)
- 18 5 copies of Aadhar card
- 19 5 hard copies of recently taken Passport size photograph and 2 copies of recently taken stamp size photograph
- 20 Passport size photo softcopy (Dimensions: Maximum size: 30 kb, Image dimension 150 W x 200 H, Image type: JPG, Background colour: white)
- 21 **Fee Concession to Fishermen Community - Certificate from Fisheries Office Concerned of Kerala Fishermen Welfare Fund Board**
- 22 **Medical Certificate (obtained from the District Medical Board in case of PwD)**
- 23 **EWS Quota - Only for forward community having income not above 4 lakhs - should produce income and asset statement or AAY/ PHH certificate**



Anna
28/08/2025
Anna Daniel
Principal

FEE STRUCTURE :

All candidates are hereby informed that the **total first-year fee** is **Rs. 1,52,751/- (Rupees One Lakh Fifty-Two Thousand Seven Hundred and Fifty-One only)**, which is to be remitted as follows:

1. **Rs. 25,000/-** is to be remitted to **LBS** within the time period stipulated by **LBS**.
2. **The balance amount of Rs. 1,27,751/-** is to be remitted to the **NIPMR Bank account (as detailed below)** at the time of admission.

In addition to the above:

- A **Caution Deposit of Rs. 10,000/-** must be paid by the candidate **at the time of admission**. This amount is **refundable at the end of the course, without interest**, after deducting the cost of any damage caused by the student, if applicable.

NIPMR BANK ACCOUNT DETAILS

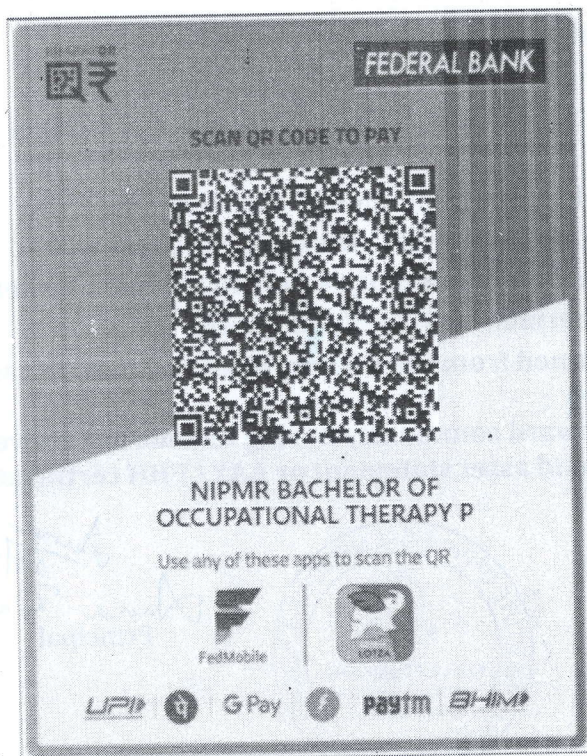
Name of Account Holder: **NIPMR, Bachelor of Occupational Therapy Programme**

Name of the Bank: **Federal Bank**

Bank Branch: **Kallemtumkara**

Account Number: **10170100177582**

IFS Code: **FDRL0001017**



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)