

**For Office Use Only:**

Application No: \_\_\_\_\_

Seat No. : \_\_\_\_\_

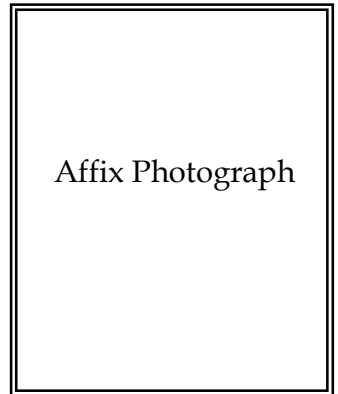
Merit Marks : \_\_\_\_\_

Merit No. : \_\_\_\_\_

**SARDAR PATEL UNIVERSITY**  
**APPLICATION FORM FOR ADMISSION TO**  
**POST GRADUATE COURSE IN PHYSIOTHERAPY (MPT)**  
**2018 - 2019**

**Instruction to Students:**

1. Students should carefully read the rules for admission before submitting the application form.
2. Every entry in the form must be completed in detail. Incomplete applications are liable to be rejected.
3. No application for admission will be considered unless it is accompanied by attested copies of the certificates mentioned in the prospectus.
4. Students joining the physiotherapy college will obtain degree from the Sardar Patel University to which the college is affiliated.



***APPLICANT'S DETAILS***

1) Name (as appearing in the degree certificate)

\_\_\_\_\_

2) Sex: Male / Female : \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ /19\_\_\_\_ Age: \_\_\_\_\_ yrs.

Place of Birth: \_\_\_\_\_ Married: Yes / No \_\_\_\_\_

3) Citizenship: \_\_\_\_\_

4) Father / Husband's Name: \_\_\_\_\_

5) Address for Communication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal code: \_\_\_\_\_ Phone No. with STD code: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

6) Permanent address (if different from 5 above):

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7) Academic Record:

Course	Marks Obtained/ out of	Attempt	Month & year of passing	Name of the College	University
I BPT					
II BPT					
III BPT					
Final BPT					

8) Percentage of Cumulative marks in I, II, III & final year BPT: \_\_\_\_\_ %

9) Date of completion of Internship: \_\_\_\_\_

**DECLARATION**

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Admission Committee to cancel my admission and / or expel me from the college and or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to various Rules and Regulations of the Physiotherapy Institute in force and that may hereafter made for the governance of the college and I undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_