



# Sumandeep Vidyapeeth

Year : 2025-2026

Program : Bachelor of Physiotherapy (BPT)

Student Name: RUTVI ROHIT KARIA

Father Name: ROHIT

Application No :25PYUG0010446

E-mail :RUTVIKARIA5@GMAIL.COM

Gender : FEMALE

Mobile : 9167863220



Student Signature

**Personal Details :-**

Birth Date:	16/09/2007	Aadhar Card No:	842614129096
Category:	General	Sub - Category:	NA
Mother Name:	ARUNA ROHIT KARIA	Parent Mobile Number:	9820770440
Whatsapp Number:	9167863220	Aadhar Number:	842614129096
Blood Group:	B+	Nationality:	Indian

**Permanent Address :-**

Address :15,5TH FLR,JANARDAN APT SOMVARI BAZAR MALAD WEST MUMBAI

District : MUMBAI

Taluka : BORIVALI

City : MUMBAI

State : Maharashtra

Country : India

Pincode : 400064

**Correspondence Address :-**

Address :15,5TH FLR,JANARDAN APT SOMVARI BAZAR MALAD WEST MUMBAI

District : MUMBAI

Taluka : BORIVALI

City : MUMBAI

State : Maharashtra

Country : India

Pincode : 400064

**Education Details :-**

Attempt :	1	Passing Month :	FEBRUARY - 2025
Passing Year :	2025	Stream :	Science
Result :	Declared		

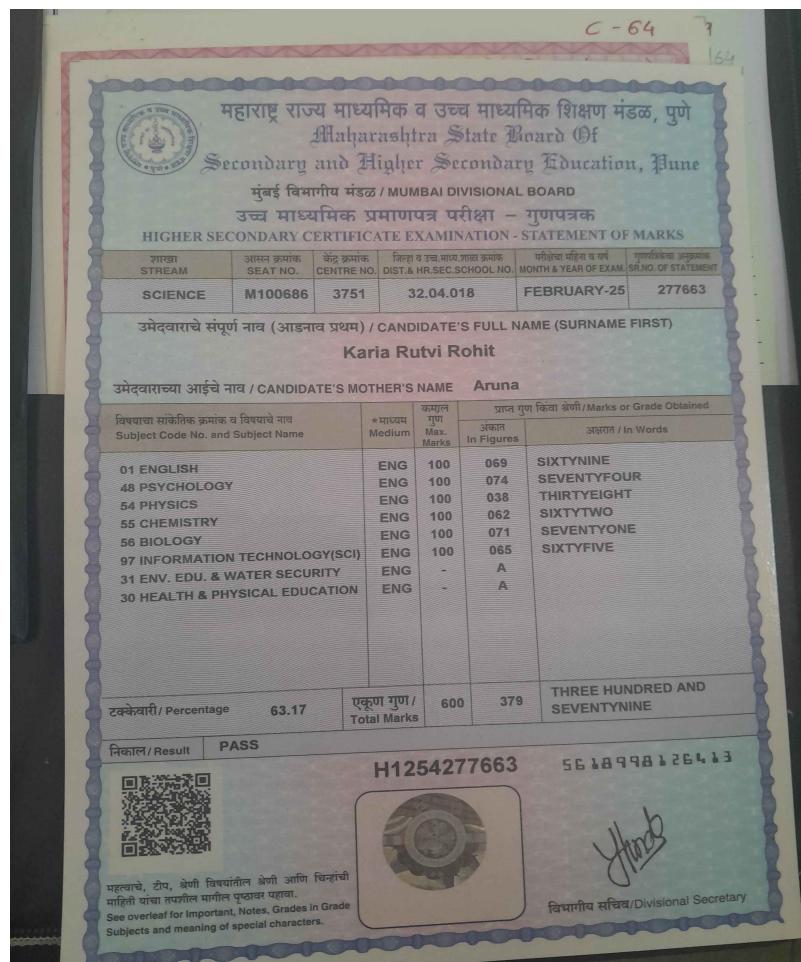
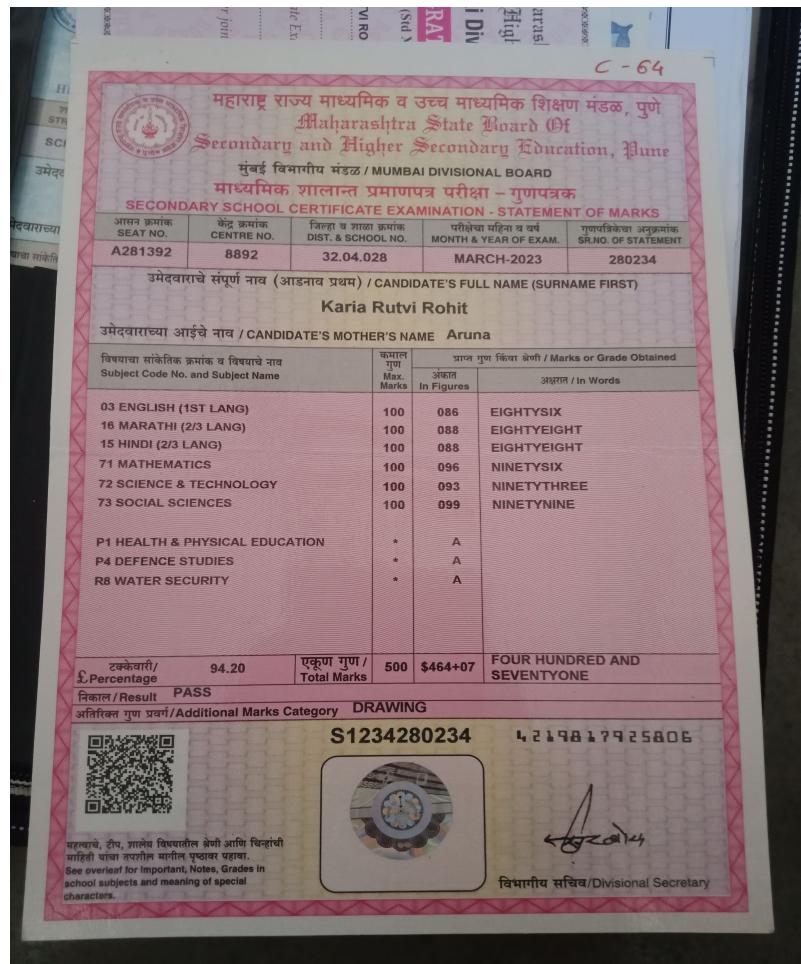
**Qualification Details For UG (12th HSC):-**

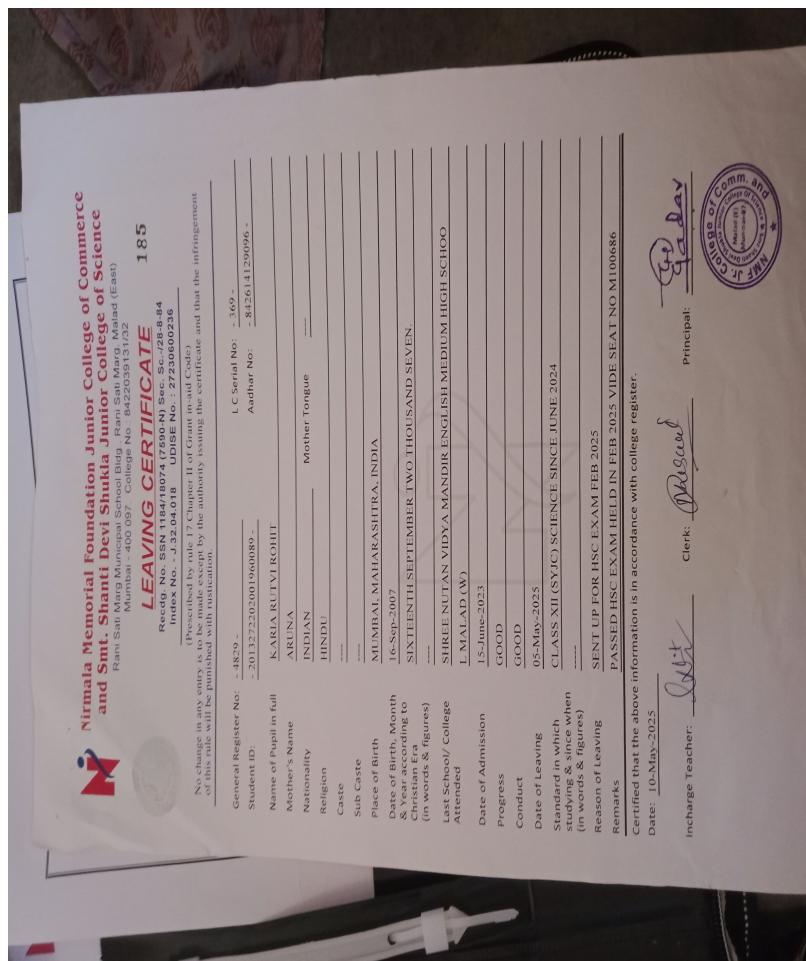
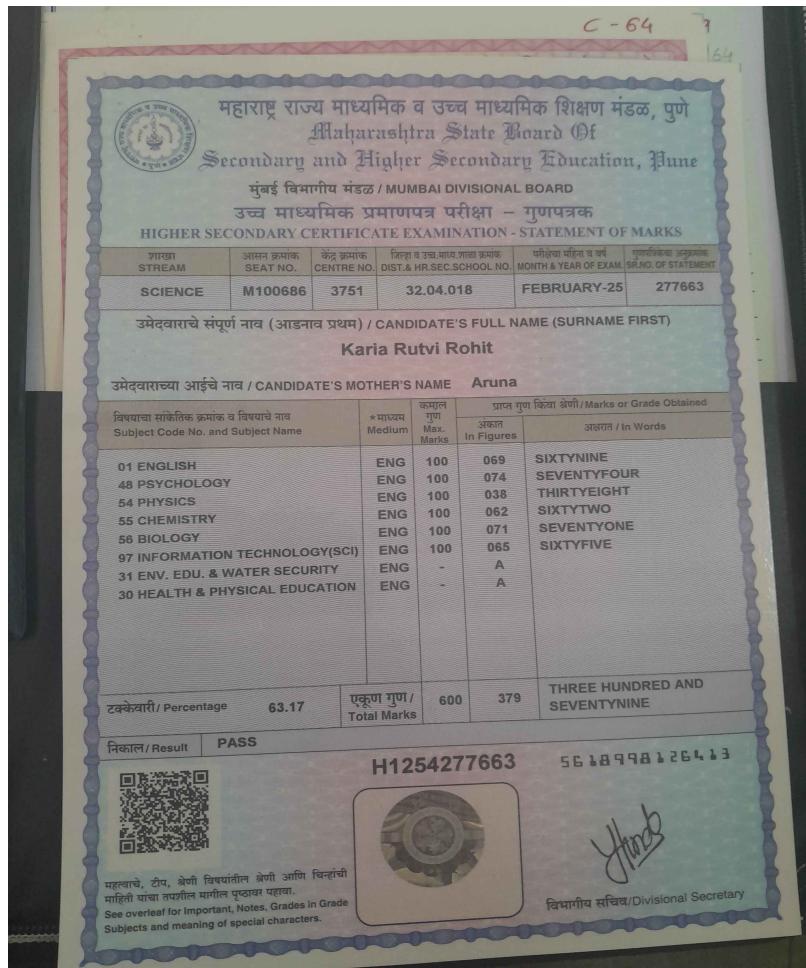
Subjects	Theory		Practical		Total
	Max Marks	Marks Scored	Max Marks	Marks Scored	
Physics	80	27	20	11	38/100
Chemistry	80	44	20	18	62/100
Biology/Mathematics	80	53	20	18	71/100
English	100	69	-	-	69/100
Total PCB/M Marks:	300	Total PCB/M Scored:	171	Total PCB/M Percentage :	57 %
Total PCBE Marks:	400	Total PCBE Scored:	240	Total PCBE Percentage :	60 %

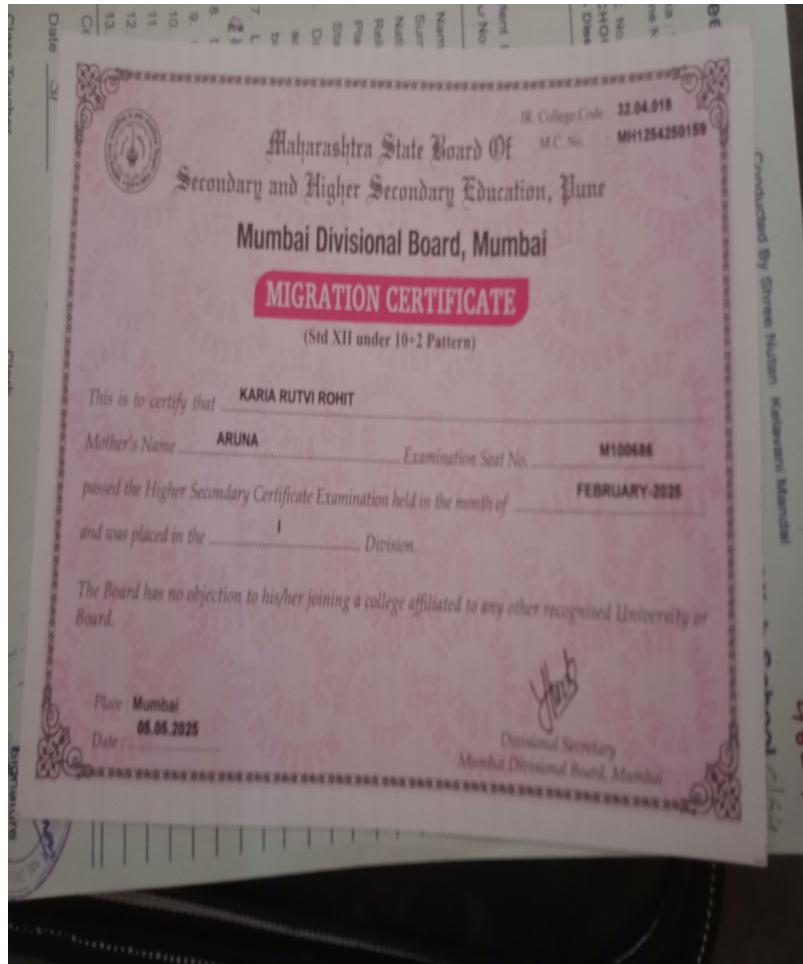
- I have thoroughly read and understood the Rules and Regulations of Sumandeep Vidyapeeth Deemed to be University for admission procedure in the said course/s and I agree with these said Rules and Regulations. I have also read and understood the Rules and Regulations of concerned authorities viz. UGC/NMC/DCI/INC/PC/GOPT/RCI etc. and I agree with these said Rules and Regulations. I hereby declare that I shall abide by the same.
- I am aware that, the seats availability in any course/ program is a dynamic phenomenon. Hence by the time this application form is in process, the admission in certain programs may be full.
- I am aware that the Application form fees once paid by me is **NON-REFUNDABLE** under any circumstances.
- I hereby declare that the information furnished by me is true and correct to the best of my knowledge and no information has been suppressed that is legally liable. In case of false / fake / fraudulent information / documents found during admission or any time thereafter, the admission / degree awarded to me shall be cancelled and further legal actions, as deemed fit, may be initiated against me.
- I shall abide by all the Rules and Regulations of Sumandeep Vidyapeeth Deemed to be University.
- I am aware that, the Ragging is a serious offence and my involvement in any such activity covered under the concerned Rules and Regulations shall affect up to the cancellation of my admission.
- I am aware agree to the fact that, as per the regulations of Sumandeep Vidyapeeth Deemed to be University, if I leave the course any time after the last date of admission due

to any reason, then I am liable for the payment of the tuition fees for the remaining balance years of my study .

Payment Receipt			
Sumandeep Vidyapeeth   Registration Form   Payment Receipt			
Student Copy	Order No. :	20251009093948160	
Order Date	09/10/2025	Birth Date	16/09/2007
Course Name	Bachelor of Physiotherapy (BPT)		
Student Name	RUTVI ROHIT KARIA		
Registration Fee (Non-Refundable)	500.00		
Print Date	09/10/2025	Bank Ref. No	pay_RREoNIm3obwtik
Status	SUCCESS		







**Office of Executive Magistrate, Borivali**

Ref 1: G.R.P & S.D. No.1586/34-O, Dated 17.5.1951  
 Ref 2: G.R.GAD No. Ms 31/76/Desk-X/001, Dated 25.8.1977  
 Ref 3: ms 1k m 1076/1067/96996 608 - 32, Dated 2.1.1989  
 Ref 4: Government Resolution No. Ma. 2010/PRA/KPA.300/P/Deeshi-2 Mantralaya, Mumbai - 32, Dated 5/10/2010

Serial No : 90026312154  
 District : Mumbai Suburban

**Certificate of Age, Nationality and Domicile**  
 (Issued by Authorities in the State of Maharashtra)

On submission of the proofs noted below, it is hereby certified that, Kumari Rutvi Rohit Karia P/O 15, Janardan Apartment, Somwari Bazar, Malad West, Village Malad, Tehsil Borivali, District Mumbai Suburban was born on 16/09/2007 (Sixteenth of September in the year Two Thousand and Seven) at Malad, Tehsil Borivali, District Mumbai Suburban in the State of 'MAHARASHTRA' within the territory of INDIA and is a CITIZEN OF INDIA and has domiciled in the State of Maharashtra.

**PARTICULARS OF PROOFS SUBMITTED**

1. Birth Certificate
2. Father's Age, Nationality and Domicile Certificate
3. School Leaving Certificate
4. Light Bill
5. Result 1
6. Result 2
7. UID

Signature valid  
 Digitally Signed by  
 SHRINIVAS BALAVANTRAO JAMBHAR  
 Date: 22-01-2025 12:31:31

Place : Borivali  
 Date : 22/01/2025

Executive Magistrate  
 Borivali

Printed By -OMTID : VLE Name :Shubham Ramal Shahani, Date:22/01/2025 11:53AM

This is a digitally signed document, hence it is legally valid as per the Information Technology (IT) Act, 2000.  
 To verify visit <https://www.mahonline.gov.in/Verify> OR SMS "MH<space>CSC<space>VRFY<20 digit Barcode number>" to 160 from a BSNL, MTNL, Tata Mobile and 51969 from others.



## ANNEXURE - H

## MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a Letterhead or on this format with original seal and signature.

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms. RUTVI ROHIT KARIA who is desirous of admission to Health Science Courses.

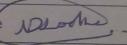
He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s,
- (3) Absence of any major visual/ auditory disability,
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. (Strike, which is not applicable):

1. ....
2. ....
3. ....

LODHA CLINIC Address of the Registered Medical Practitioner <b>DR. NITIN D. LODHA</b> B.H.M.S., C.C.H. Reg. No. 50830 Shop No. 2, Ground Floor, Aviron Classic Building, Pannalal Ghosh Marg, Somwara Bazar, Malad (W), Mumbai-64. Mob.: 9969534177		Signature 
		Name <b>DR. NITIN D. LODHA</b>
		Registration No. <b>50830</b>
Seal of Registered Medical Practitioner		

Information Brochure

(109)

NEET UG-2022



