

Ashok & Rita Patel Institute of Physiotherapy

Application Form for Master of Physiotherapy (M.P.T)

Stick Passport size
Recent photograph

Please Tick (✓) option

☐ General Quota ☐ NRI/ NRI Sponsored Quota

1. Full Name of Candidate : (as per Std.12th Mark sheet in BLOCK LETTERS)

[illegible]

2. Gender : ☐ (M/F/T) Fill [M] Male
[F] Female
[T] Transgender

3. Date of Birth :
(as per School Leaving/
Transfer Certificate)

D	D	M	M	Y	Y	Y	Y
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4. Native Place :

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5. Correspondence Address

Name :

Address.:

City .:

Dist .:**PIN Code :**

Phone : ()

Mobile :

E-mail :

6. Academic Details (attached all photo copy of Mark sheet)

Sr.	Name of Degree	Name of University/ Board	Class Obtained	Year of Passing	Specialization
1	H.S.C				
2	1 st Year BPT				
3	2 nd Year BPT				
4	3 rd Year BPT				
5	4 th Year BPT				

ACKNOWLEDGEMENT

Form No. :

Date : / /20

Name : _____

Received by :

DECLARATION

We, _____ ("the candidate")
and, _____ ("the guardian")

hereby solemnly undertake that

- The information given above is true. If found false, we understand that the admission granted will be cancelled and all fees forfeited.
- We have read the admission guidelines carefully and agree to follow them.
- We shall pay the fees as decided by the Management of the Institute in consonance with the Fee & Admission Committee or other such Statutory Committee of Gujarat State for the relevant academic year.
- We will abide by the rules and regulations framed by the Institute.

Date

Place

Signature of Candidate

Signature of Guardian



CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Accredited Grade A by NAAC • Accredited Grade A by KCG

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