Form No.

## ADMISSION FORM

Annexure - A

## ABRIDGE BACHELOR IN PHYSIOTHERAPY

MAGADH UNIVERSITY, BODH GAYA - 824234 (BIHAR)

Fill the Admission form very carefully. Completed admission form in all respects with copies of certificates should be sent directly to The Director, Abridge Bachelor of Physiotherapy, Magadh University, Bodh Gaya - 824234, (Bihar) so as to reach on or before the due date notified in the advertisement. Photocopy of the form is not accepted. Admission.

Paste your Passport size recent coloured photograph (4cm x 5cm) duly attested by you.

1.	Enrollment No. : For Office use only)
2.	Name of the Programme applied for :
3.	Name of the applicant in BLOCK LETTERS (as per Secondary School Examination Certificate) in Roman Script.
4.	Name in Devanagari Script :
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5.	(a) Father's Name :
6.	Permanent Address :
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-	Address for Correspondence is
7.	Address for Correspondence : :
	PIN PIN
	City District State
8.	Telephone No. (if any) with STD Code:
	STD Code Telephone No.
9.	Mobile No.
10.	E-mail address (if any):
11.	Session in which admission is sought:
12	Date of Birth : Date Month Year Year
	x (✓) the appropriate box only :
	Sex : Male Female
14.	Nationality Indian Other if other please specify :
	m No.
FOI	RECEIPT .
	Received Admission Form from Mr./Miss./Mrs.
for	(Programme) for the session on
-1	Poted Bo

Signature of Receiving Officer

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5. Category:	General			ST	OBC PH
6. Territory Code :	_			Tribal	
7. Marital Status :	Married	Unmarr			
8. Defence Person		e Man Widow	In servic	·• U_	
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(If employed, N	ame of the orga	nisation with desig	nation :		
Educational Qualifi	cation (10+2 or Inte	rmediate with PCB and	diploma in Physiothe	erapy 3½ years including	6 months of rotatory internship
Name of the	Division/	Percentage	Year	Name of the	Board/University
Exam. Passed	Class	of Marks	of Passing	College/School	
			100	27	
Specify any other	er Qualification	,			
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