

15. Category : General SC ST OBC PH
16. Territory Code : Urban Rural Tribal
17. Marital Status : Married Unmarried
18. Defence Personnel : Ex-Service Man Widow In service
19. Employment Status : Unemployed Employed Pub. Org. Private Org. State Govt. Central Govt.

(If employed, Name of the organisation with designation :

20. Educational Qualification (10+2 or Intermediate with PCB and diploma in Physiotherapy 3½ years including 6 months of rotatory internship)

Name of the Exam. Passed	Division/ Class	Percentage of Marks	Year of Passing	Name of the College/School	Board/University

21. Specify any other Qualification :

DECLARATION BY THE APPLICANT

I (Name) hereby declare that I have read and understood the conditions for the eligibility of the course/programme for which I seek admission. I declare that I fulfil the minimum eligibility criteria and have provided the required information in this regard in the admission form. In the event of any information being found incorrect or misleading, my candidature shall be liable to be cancelled by the Bachelor of Physiotherapy/University at any stage and I shall not be entitled for any refund of any fee paid by me to the University.

Date

Signature of the Candidate

FOR OFFICE USE ONLY

Eligible : Admit in Programme

Enrolment No.

Not eligible : Rejected

Details of Admission Charges :

Demand Draft No.	Date	Amount	Name of the Bank

Signature of In-Charge Admission