



To be filled by the candidate only  
(Fill the Admit Card Carefully)

**ANNEXURE - B**

**DEPARTMENT OF PHYSIOTHERAPY**

Magadh University, Bodh-Gaya-824234(BIHAR)

Bachelor Of Physiotherapy

ENTRANCE TEST EXAMINATION

**ADMIT CARD (OFFICE COPY)**

Signature of Candidate

1 Name of the Applicant: \_\_\_\_\_  
BLOCK LETTERS

2 Father's Name: \_\_\_\_\_ 3. Date of Birth: DD / MM / YYYY

4 Category (✓)

General	SC	ST	BC (Women)	BC-I	BC-II	PH	UNIV. Ward (M.U. HQ only)
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5 State \_\_\_\_\_ 6. Graduated From MU/Other University: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_  
Dist. \_\_\_\_\_ State \_\_\_\_\_ Pin. \_\_\_\_\_ Mob. \_\_\_\_\_

**OFFICE USE ONLY**

Examination Center:	
Date Of Examination:	
Time Of Examination:	

Director



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