

Admission Form

Annexure - A



BACHELOR IN PHYSIOTHERAPY

Magadh University, Bodh-Gaya - 824 234. (BIHAR)

Ph. : 0631 - 2201333

Form No.

Fill the Admission form very carefully. Completed admission form in all respects with copies of certificates should be sent directly to **The Director, Bachelor of Physiotherapy, Magadh University, Bodh Gaya - 824 234. (Bihar)** so as to reach on or before the due date notified in the advertisement. Photocopy of the form will not be accepted.

Paste your Passport size recent coloured Photograph (4 cm. x 5 cm.)

1. Enrolment No. : (For Office use only)

2. Name of the Programme applied for :

BACHELOR OF PHYSIOTHERAPY

Signature of the Candidate

3. Name of the applicant in Block Letters (as per Secondary School Examination certificate) in Roman Script:

4. Name in Devanagari Script :

5. Father's Name Mother's Name

6. Permanent Address

PIN

7. Address for Correspondence :

PIN

City

District

State

8. Telephone No. (if any) with STD Code :

STD Code

Tel. No./Mob. No.

9. Fax No. (if any) with STD Code: Tele. No.

10. E-mail address (if any):

11. Session in which admission is sought :

12. Date of Birth :

Date Month Year

Tick (✓) the appropriate box only

13. Sex : Male Female

14. Nationality : Indian Other if other please specify :

Form No.

RECEIPT

Received Admission Form from Mr./Miss/Mrs.

for B. P. T. course for the session On

Signature of Receiving Officer

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. Centra Govt.

(If employed, Name of the Organisation with designation

20. Educational Qualification (Matriculation onwards)

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 **B. P. T. course** 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 in Physiotherapy/University at any stage and I shall not be entitled for any refund of any fee paid by me to the University.

Place

Date

Signature of the candidate

FOR OFFICE USE ONLY

Eligible : Programme

Enrolment No.

Not Eligible : Rejected

Details of Admission Charges :

Demand Draft No.	Date	Amount	Name of the Bank

Sign. of In-charge Admission