

21. Professional Experience

Sr. No	Name of Organization/Institute	Designation	Date of Joining	Date of Relieving	Remarks

22.

Preferred Branch (Tick One)

Preference-1: ORTHO/ SPORTS/ NEURO/ CARDIO/ PAEDIA

Preference-2: ORTHO/ SPORTS/ NEURO/ CARDIO/ PAEDIA

23. Details of Payment:

(1) Cash/Internet Banking/DD (2) Transaction ID/DD No.: _____

(3) Transaction Date: _____ (4) Branch Name: _____ (5) Amount _____

Joint declaration by the Candidate and the Parent/Husband

We hereby declare that all information furnished in this application are true to the best of our knowledge and belief. We are also aware that if any statement made herein if found to be incorrect at any time either before or after admission, Principal, C.M. Patel College of Physiotherapy Chairman-Admission has the right to reject the application and may cancel the Admission of at all admitted.

We are also aware of our financial obligations to C.M. Patel College of Physiotherapy. In case the candidate gets admission to the Physiotherapy College and we undertake to pay the tuition fees, hostel fees and other fees as fixed by the Institute from time to time. We have been informed that we have to sign an affidavit on Rs 100/- stamp stating that we have to attend the course on regular basis. We also undertake to strictly adhere to the rules and regulation of the Institute and agree to abide by the decision of the Principal; C.M. Patel College of Physiotherapy Chairman-Admissions in all matters of admissions and thereafter.

SIGNATURE OF FATHER / GUARDIAN

SIGNATURE OF THE APPLICANT

Enclosures: -

1. All Year Mark Sheet of BPT
2. Registration Certificate of GSCPT/IAP
3. University Degree Certificate/ Provisional Degree Certificate
4. Course Completion Certificate
5. Internship Completion Certificate
6. Cast Category Certificate
7. Experience Certificate
8. Adhar Card Copy
9. In case of a download form from the website, enclose a demand draft for Rs.500/- in favour of **Kadi Sarva Vishwavidyalaya**, payable of at Gandhinagar. Those who have already purchased the application form need not send any payment. Please write name of the candidate on the reverse of the demand draft.
10. If Internet Banking kindly attach copy of transection details.

College Bank Account Details: (1) Account Name: Chanchalben Mafatlal Patel College of Physiotherapy

(2) Account Number: 03820100161

(3) Bank IFSC Code: KCCBOGNR038

(4) Bank Branch: Gate No.1, Near GH-6 Circle, SEC-23,Gandhinagar,382023

Postal Address for Form submission: C M Patel College of Physiotherapy, Civil Hospital campus, Sector-12, Gandhinagar, Gujarat. 382016