Form Fee: Rs.500/-





## KADI SARVA VISHWAVIDYALAYA – GANDHINAGAR

(A UNIVERSITY ESTABLISHED VIDE STATE ACT OF GUJARAT AND RECOGNISED BY UGC)
APPLICATION FORM FOR ADMISSION INTO MASTER OF PHYSIOTHERAPY (MPT)

**FOR THE YEAR 2020-21** 

Application for MASTER OF PHYSIOTHERAPY (MPT)								P Gaze	Affix the Latest Photo graph attested by Gazetted Officer / Principal								
1. Na	ame o	f the C	andid	ate (A	AS PER	MAR	KSHEI	ET-IN	BLO	CK LI	ETTE)	RS)					'
S	U	R	N	A	M	Е											
N	A	M	Е												-		
F	A	T	Н	E	R	-	Н	U	S	В	A	N	D	N	A	M	Е
<b>2</b> . <i>P</i>	Addres	ss for (	Comn	nunica	ation:												
										P	I	N					
3. Na	3. Nationality:Mobile No:(R.)																
4. Da	ate of	Birth:				_5. Pla	ce of	Birth:					6. Blo	od Grou	p:		
7. Ca	ıst:			{	8. Cate	gory:	- Ope	n/S.E.	B.C/S.	C/S.T/	'EWS _		9.	Gender:			_
<b>10.</b> I	Marita	ıl Statı	ıs:				_11. F	Parent	's/Gu	ardiaı	ı's Mo	bile. N	Го				
12. I	Paren	t's/Gua	ardiar	ı's Oc	cupati	on:			13.	Parei	ıt's/Gı	uardia	ın's Annı	ıal Incon	ne:		
14. (	Claimi	ng Phy	ysicall	ly Cha	llenge	ed rese	ervati	on (PI	H): Yes	s / No							
<b>15.</b> <i>A</i>	Adhar	Card I	No:						_ <b>16.</b> ]	Email.	ID:						
17. I	Profes	sional	Educ	ationa	al Qua	lificat	ion: -										
Sr.	7. Professional Educational Qualification: -  Sr. Year of Year																
No	Degree   N			Na	Name of College Name of University					Per(%	Per(%) Remarks		ks				
18. 7	Γransi	fer/Mi	gratio	n Cer	tificat	e No:-				1	9. Uni	versit	y:				
20. (	GSCPT	'/IAP F	Regist	ratior	1 No. &	Regis	stratio	on Dat	e:								

## 21. Professional Experience

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

Preferred Branch (Tick One)

Preference-1: ORTHO/ SPORTS/ NEURO/ CARDIO/ PAEDIA Preference-2: ORTHO/ SPORTS/ NEURO/ CARDIO/ PAEDIA

23. Details	of Pay	ment:
-------------	--------	-------

(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

**22**.