**DASMESH COLLEGE OF PHYSIOTHERAPY, FARIDKOT (PUNJAB)**

**Under the Auspices of Sangat Sahib Bhai Pheru Sikh Educational Society Faridkot**

**APPLICATION FORM FOR ADMISSION TO MPT COURSE SESSION 20------**



Affix recent passport size colour Photograph here

Form No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ENTRIES IN CAPITAL LETTERS)

**1. Name (IN BLOCK CAPITALS)**

**2. Father's Name (IN BLOCK CAPITALS)**

**3. Mother's Name (IN BLOCK CAPITALS)**

**4. NAME OF GRANDFATHER**-

5. Date of Birth: (As per Matric Certificate): Day- Month- Year-

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6 Full Postal Address including Contact Nos.

7. Tick *√*  Residence Status : Punjab State Other State

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8. Citizen Name of the Country ( If Passport held)

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9. Whether NRI, State Domicile

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10. If not State of Domicile

11. Are you staying in Hostel Tick : Yes or No YES NO Single room AC/ Non AC Y N

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12. References of two persons holding responsibility position and not related to the applicant).name and Address with contact numbers. (i) Name & address

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Including Contact number s ( ii) Name & Adress

13. Detail of Passing BPT Exams.

College/ University

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14. Registration with Physiotherapy Council no. and dated:

**15. Professional Qualifications;**

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| **SR** | **Profession Year** | **Max Marks** | **Marks Obtained** | **Session/ Year of Passing Attempt / %age** |
| 1 | BPT Prof. Ist |  |  |  |
| 2 | BPT Prof. IInd |  |  |  |
| 3 | BPT Prof. IIIrd. |  |  |  |
| 4 | BPT Prof. Final |  |  |  |
| 5 | TOTAL 1 to 4 |  |  |  |

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. **Undertaking and pledge by the candidate**:-

a) I am applying for Admission to Master of Physiotherapy ( ) in Dasmesh College of Physiotherapy Faridkot for the session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I solemnly affirm and declare that the particulars are given in this application are true and correct to the best of my knowledge and belief and part of it is false.

b) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rules and the hostel rules that may be laid from time to time by the Governing Council or Institution during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.

c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.

d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.

e) I understand that if at any stage, it is found that I have provided any wrong information/committed any fraud to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the Institution and I & my parents shall be liable for criminal proceedings.

f) I certify that I have not passed the qualifying examination from more than one Board/University/any other examining body.

#### Thumb Impression

*Male candidate shall affix*

*their Left Thumb Impression* **Full Signature of the Candidate**

*Female candidate shall affix*

*their Right Thumb Impression* **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Undertaking by Parent/Guardian**

1. *I certify that my son/daughter/ward Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at Institution. The entries made by him/her in the Admission Form are correct to the best of my knowledge and belief.*
2. *I certify that my son/daughter/ward Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has not passed the qualifying examination from more than one Board/University/any other examining body.*

*Date: Signature of Parent/Guardian*

*Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*