DATTA MEGHE
INSTITUTE OF HIGHER
EDUCATION & RESEARCH
(DEEMED TO BE UNIVERSITY)
LEARN. LEAD.

APPLICATION FORM FOR

For Master of Physiotherapy (M.P.T.)
2023-2024

PHOTO

Name of Candidate (IN CAPITAL LETTERS):

_____

FIRST NAME MIDDLE NAME SURNAME

Residential Address: _____

_____

Mobile Number 1: | | | | | | | | | | | Mobile No. 2 | | | | | | | | | | |

E-mail:_____ Date of Birth (DD/MM/YYYY):_____/_____/_____

Sex: [ ] Male [ ] Female [ ] Other Marital Status: Single / Married

. Religion: _____ Caste:_____ Nationality:_____

Whether belongs to reserved Category: YES / NO Category:_____

Applying for Specialization (Tick your choice, select only two):

- Musculoskeletal Physiotherapy 1st Choice ☐ 2nd Choice ☐
- Neuro Physiotherapy 1st Choice ☐ 2nd Choice ☐
- Cardio Respiratory Physiotherapy 1st Choice ☐ 2nd Choice ☐
- Community Health Physiotherapy 1st Choice ☐ 2nd Choice ☐
- Sports Physiotherapy 1st Choice ☐ 2nd Choice ☐
- Pediatric Physiotherapy 1st Choice ☐ 2nd Choice ☐

Month and Year of passing of B.P.T. Examination: _____

_____

Marks Obtained in BPT Final Year Examination	**Maximum Marks**	**Marks Obtained**

Internship Details (Organization):_____

Internship Period (in months): _____ Date of Commencement: _____

Date of Internship Completion: _____

Fees of Rs.1,000/-(Rs. One Thousand only) paid by **Cash /D.D./NEFT/RTGS/UPI: -**

If by D. D. No.:_____Date of D.D.:_____

Name of Bank:_____

If paid online through NEFT/RTGS/UPI –Transaction ID (UTR No):_____

Date of payment:_____Name of bank:_____

Enclosure Xerox Copies of: 1) BPT Mark Sheet 2) Internship Completion Certificate 3)Degree Certificate 4)Passing certificate 5)10th Marksheet 6)12th Marksheet 7)Aadhar Card

Declaration: I hereby declare that I am an Indian National, and the particulars given above are correct. In case any information given in this application proves to be false or incorrect, the competent authority conducting the selection can cancel my candidature or admission, as the case may be.

Signature of the parent:
Date:

Signature of the Candidate:
Date: