



APPLICATION FORM FOR
For Master of Physiotherapy (M.P.T.)
2024-2025

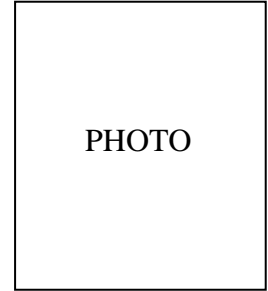
Name of Candidate (IN CAPITAL LETTERS):

FIRST NAME

MIDDLE NAME

SURNAME

Residential Address: _____



PHOTO

Mobile Number 1:

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Mobile No. 2

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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):

<input type="radio"/> Musculoskeletal Physiotherapy
<input type="radio"/> Neuro Physiotherapy
<input type="radio"/> Sports Physiotherapy

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.1,500/- (Rs. Fifteen 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: