

Application No: \_\_\_\_\_

**GUJARAT UNIVERSITY OF TRANSPLANTATION SCIENCES  
AHMEDABAD – 380016**

**Application form for admission to**

**POST GRADUATE PHYSIOTHERAPY DEGREE COURSE -2018  
TO BE FILLED BY THE APPLICANT**

Recent Passport  
Size Photograph  
Attested By Gazette  
Officer/Principal of  
College with Clear  
Stamp

Full Name : \_\_\_\_\_

First Name

Father's /Husband's Name

Surname

Sex : Male  Female

Birth date :

Birth Place:

Citizenship: Indian / Other Category

:OPEN/SC/ST/SEBC Physically

Handicapped: Yes / No Marital

status : Married / Unmarried

**Correspondence Address**

City : \_\_\_\_\_ Pincode: \_\_\_\_\_ State: \_\_\_\_\_

Phone No.(with STD code) : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email: \_\_\_\_\_

**Permanent Address**

City : \_\_\_\_\_ Pincode: \_\_\_\_\_ State: \_\_\_\_\_

Phone No.(with STD code) : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email: \_\_\_\_\_

Name of University

Name of College

Date of Starting Internship

Date of Completion of Internship

Details of marks (passing marks of the external examination only, no internal marks) obtained subject wise at various examinations. Any wrong entry may result to cancellation of application.

<b>Examination</b>	<b>Subject</b>	<b>Obtained Theory Marks</b>	<b>Obtained Practical Marks</b>	<b>Obtained Total Marks</b>	<b>Out of Total Marks</b>	<b>No. of Attempt</b>
4 <sup>th</sup> B.P.T						
Total						
3 <sup>rd</sup> B.P.T						
Total						
2 <sup>nd</sup> B.P.T						
Total						
1 <sup>st</sup> B.P.T						
Total						

N.B: Enter passing marks of external examination only. Do not enter grace marks. Any wrong entry may result in cancellation of application.

If any of the statements made in the application form or any information /marks /document supplied by the candidate in connection with his/ her application for admission is later on found to be false or incorrect or misleading or if it is found that the candidate has concealed any information /fact in connection with his/her application, his/her admission shall be cancelled without any notice thereof, fees forfeited, have to pay the whole course fees, have to pay penalty of University, and he/she may be expelled and prosecuted and he/she will not be eligible to apply in future.

Name of candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

If admitted for P.G course anywhere previously till the date of application : yes /no

If yes then : course completed / not completed

Name of Course :

Year of Admission :

Name of University :

Name of College:

Details of present employment: Employed or Not employed

If employed then,

(a).Designation : \_\_\_\_\_

(b). Place of working: \_\_\_\_\_

(c ).Date of joining: \_\_\_\_\_

(d). No objection certificate issued by : \_\_\_\_\_

### Undertaking by applicant

I, \_\_\_\_\_, hereby declare that the information given in this application including accompaniments is true. If anything is found to be incorrect or false or misleading at any time, I understand that my admission shall be cancelled and I may be prosecuted, also I shall be ineligible to apply in future. I shall abide by the results.

I have read and understood all the rules and regulations of post-graduate physiotherapy admission for 2018 of Gujarat University of Transplantation Sciences and I shall abide by all the rules and regulations. I accept all the terms and conditions pertaining to admission to post graduate physiotherapy course and I do not have any objections with rules and regulations.

I am not engaged in any post graduate course in any institute at the time of submission of application form & at present. After my admission, if I do not join the course or leave the course/left the course after counseling, in such a conditions ,or in case of implementation of rules 1.3, 1.6, 6.5, 7.6, 7.7, 7.10, of post graduate admission 2018, my admission and registration shall be cancelled without any notice thereof. In such situation, I also understand that,

1. My admission and registration will be cancelled without any notice thereof.
2. I will not be eligible for future admission in this university.
3. I will have to pay the whole course fees of all years / academic terms of college and university.
4. My all deposit amount, admission fees, tuition fees, and university fees are forfeited and I will have no claim on it.

If I do not comply with above conditions, then all the original documents will not be return to me and legal action will be initiated against me.

I have verified my eligibility to apply against the category to which I am entitled. If I found to be ineligible for the category in which I had applied then I cannot claim any right in future for admission can be cancelled.

I have also verified my eligibility for appearance at the entrance examination/post graduate physiotherapy admission. If through mistakes / error the forms are accepted and through mistake/error I appeared in entrance examination / admitted in post graduate physiotherapy course & if I found to be ineligible , in such case I cannot claim any right or interest arising out of acceptance of form or appearance at the entrance examination/admission in post graduate physiotherapy course.

Name of Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

**MEDICAL FITNESS CERTIFICATE**  
**To whom so ever it may concern**

Affix your recent  
Passport size,  
color  
Photo here (with  
signature)

This is to certify that I have examined Mr./ Miss. \_\_\_\_\_  
\_\_\_\_\_ aged

He/ she is suffering / not suffering from following diseases

Asthma

Physical Disability

Diabetes

Mental Disability

Hypertension

Allergy

Fits / Convulsions

He/ she has undertaken / not undertaken all vaccination.

Any other major disease (Please specify) –

His/ Her height....., weight....., vision....., Hearing-----.

I certify that Mr. / Miss \_\_\_\_\_ is physically, mentally &  
Psychologically fit / unfit for \_\_\_\_\_ course.

Marks of identification

Thumb impression

Signature:

Name of Registered medical practitioner:

Place:

Reg. No.:

Date:

Address:

(Office Seal)