



C. U. SHAH PHYSIOTHERAPY COLLEGE

(Accredited with Grade B+ by NAAC 2017)

C. U. SHAH MEDICAL COLLEGE CAMPUS

DUDHREJ ROAD, SURENDRANAGAR - 363001, GUJARAT

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Form No.: _____

1ST B.P.T. ADMISSION ENQUIRY FORM (2021-22)

➤ PERSONAL DETAILS OF THE CANDIDATE:

1. Name of the Applicant in Full

(As per H.S.C. Marksheet) : _____

1.1. Nationality: _____ 1.2. Religion & Caste: _____

1.3. Gender: Male / Female 1.4. Date of Birth : _____

1.5. Father's Name : _____

1.6. Mothers Name : _____

2. Applicants Address : _____

3. Mob No.: (1) _____

(2) _____

4. Email id: _____

➤ ACADEMIC RECORD OF THE CANDIDATE:

1. Qualifying examination : _____

2. Name & Address of School : _____

3. Name of the Board : _____

4. Year of Passing & Seat No. : _____

5. Marks obtained in H.S.C. examination : _____

➤ **C. ENCLOSURES TO BE NEED TO ATTACHED:**

The following documents/attested copies of certificates are enclosed with this form:

1. Copy of Mark-sheet of H.S.C.
2. Copy of Mark-sheet of S.S.C or equivalent examination
3. Copy of School Leaving Certificate / Transfer Certificate
4. Copy of H. S. C. Trial (Attempt) Certificate
5. Copy of Migration Certificate (for Other State Student only)
6. Copy of Adhar Card

(Name: **Signature of Candidate**)

Place:

Date: