



DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

(Deemed University)

(Declared as Deemed-to-be-University under Section 3 of the UGC Act 1956)

Accredited by N.A.A.C. with 'A' Grade

Conferred 'A' Grade Status by H.R.D. Ministry Govt. of India

Constituent College : **Ravi Nair Physiotherapy College,**
Sawangi (Meghe), Wardha

Application Form for Admission to Master Degree Course in Physiotherapy (M.P.T) 2017 - 2018

Affix passport
size
Photograph

To

The Competent Authority,
Datta Meghe Institute of Medical Sciences (Deemed University),
Sawangi (Meghe),
WARDHA.

Sir,

I wish to apply for admission to Master Degree Course in Physiotherapy (M.P.T)

. The information submitted below by me, is true to the best of my knowledge and belief.

1. Course to which admission is sought: **Master Degree Course in Physiotherapy (M.P.T)**

1) _____ 2) _____ 3) _____ 4) _____

2. Name _____

(First)

(Middle)

(Surname)

3. Address for Correspondence (with Pin Code) _____

4. Telephone No. with STD Code : (O) _____ (R) _____

E-mail _____ Mobile No. : _____

5. Date of Birth _____ 6. Sex: Male/Female 7. Martial Status : Single/Married

8. Religion : _____ 9. Caste: _____ 10. Nationality _____

11. Whether belongs to reserved Category : **YES/NO** Category _____

12. Month and Year of passing of B.P.Th. Examination: _____

13. Internship doing from _____ to _____

14. Registration No. _____

15.

Marks obtained in PGP CET-2017	Maximum Marks	Marks Obtained
	100	

UNDERTAKING

Name of the Student : _____

Academic Session : 2017 - 2018

I _____ D/S/O _____

Resident of _____ State of _____

_____ duly do hereby covenant that :

(i) I have carefully read the concepts and rules regarding my admission to Master Degree Courses in Physiotherapy (M.P.T) in Datta Meghe Institute of Medical Sciences (Deemed University), Sawangi (Meghe), Wardha. I fully understand that my admission is provisional and is subjected to final approval and enrolment by the University.

I hereby agree to abide by the terms and conditions or the rules pertaining to admission as Prescribed by the competent authorities and admit that they are binding upon me legally and Legitimately.

(ii) I undertake to pay the fees fixed by the Competent Authority, Datta Meghe Institute of Medical Sciences (Deemed University), Wardha.

(iii) I undertake to see daily notices exhibited on the noticed Board of the college, observe and maintain a strict discipline as the student, and otherwise, in the college premises including hostel and campus.

(Signature of Parent)

(Signature of student)

D.D.No./CASH _____ **Name of Bank** _____ **Branch** _____

Copies of Certificate Required:- Xerox with application. Original at the time of admission

1. S.S.C./Xth or equivalent examination Mark sheet.
2. S.S.C./Xth Board Certificate.
3. H.S.C. or equivalent examination Mark sheet.
4. H.S.C. Board' Certificate.
5. B.P.Th Mark Sheets (Four years)
6. Internship Completion Certificate
7. Registration Certificate
8. Degree Certificate
9. Migration Certificate.
10. Last School or College Leaving Certificate.
11. Nationality Certificate.