

Form Fee Rs: 1,000/-

**Shri K. K. Sheth Physiotherapy College,  
Rajkot.**

**APPLICATION FOR MASTER OF PHYSIOTHERAPY FOR  
2014-15 AGAINST  
Vacant Seats.**

**IMPORTANT SCHEDULE**

<b>Date of issue of Forms</b>	<b>13<sup>th</sup> June, 2014 to 21<sup>st</sup> June, 2014</b>
<b>Last date for Submission of Form</b>	<b>23<sup>th</sup> June, 2014 upto 3:00 P.M.</b>
<b>Date of Entrance Examination (if any)</b>	<b>24<sup>th</sup> June, 2014 at 11:00 A.M.</b>
<b>Date of Counseling</b>	<b>25<sup>th</sup> June, 2014 at 11:00 A.M.</b>
<b>Place of Entrance Exam &amp; Counseling</b>	<b>Shri K.K. Sheth Physiotherapy College, Opp. Nirmala Convent School, Prakash Society Main Road, Rajkot-7, Ph-0281-2572887</b>

Form No. \_\_\_\_\_

# Shri K. K. Sheth Physiotherapy College, Rajkot.

Form Fee Rs: 1,000/-

## APPLICATION FOR MASTER OF PHYSIOTHERAPY FOR 2014-15 AGAINST Vacant Seats.

(For Office Use Only)

Form No. \_\_\_\_\_

Form No.
Dated:
Reg. No.
Merit No.

Recent Stamp  
Size Colour  
Photograph

**1. FULL NAME IN CAPITALS**

Surname																							
Name																							
Father/ Husband's Name																							

**2. ADDRESS**

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\_\_\_\_\_

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Pin Code

Phone No. with STD Code: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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

**3. DATE OF BIRTH**

**4. AGE:** \_\_\_\_\_ Years

**5. GENDER :** M  F

**6. COURSE INFORMATION:-**

Date of Passing BPT		Date of Completion of Internship	
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**7. NAME OF THE COLLEGE STUDIED:-**

College Name	
University	

**8. PARTICULARS OF MARKS:-**

<b>PARTICULARS OF EXAMINATION</b>	<b>I BPT Out of _____</b>	<b>II BPT Out of _____</b>	<b>III BPT Out of _____</b>	<b>IV BPT Out of _____</b>
<b>Month &amp; Year of Passing</b>				
<b>Total (Th. + Pr.)</b>				
<b>Number of Attempts</b>				

**9. DETAILS OF QUALIFYING EXAMINATION ( HSC or Its Equivalent)**

<b>Subject</b>	<b>Biology</b>	<b>Physics</b>	<b>Chemistry</b>	<b>Total</b>	<b>English</b>
<b>Theory</b>					
<b>Practical</b>					
<b>Total</b>					

**10. Subject preference for PG: 1. \_\_\_\_\_**

**2. \_\_\_\_\_ 3. \_\_\_\_\_**

**4. \_\_\_\_\_ 5. \_\_\_\_\_**

**6. \_\_\_\_\_ 7. \_\_\_\_\_**

**11. Registration with IAP No. & Date: \_\_\_\_\_**

**12. Service Particulars: (Applicable for Service Candidate)**

**a. Service : Yes / No**

**b. If Yes N.O.C. From Institute : Yes / No**

**13. Are there any criminal proceedings /  
Enquiry or disciplinary proceedings /  
Pending or contemplated against you? : Yes / No**

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

\_\_\_\_\_

**Signature of Candidate**

**Place: \_\_\_\_\_**

## DECLARATION BY THE CANDIDATE

I

I \_\_\_\_\_ do hereby solemnly and sincerely affirm that the statements made and information furnished in my application form as also in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue in particulars, I realize that I am liable for criminal prosecution and agree to forego my seat in the College at any stage.

I agree to pay the amount of fees decided by Justice R J Shah fee regulatory committee (Medical).

Place: \_\_\_\_\_

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

\_\_\_\_\_

Signature of the candidate

II

I declare that I have not acquired any Post Graduate M.P.T. Degree or Discontinued any Post Graduate MPT Degree Course on any grounds on or after 01-05-2011 nor am I undergoing any Post Graduate MPT Degree Course at the time of submission of my application nor am I undergoing any Part time / Full time Course in any faculty.

Place: \_\_\_\_\_

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

\_\_\_\_\_

Signature of the candidate

III

I declare that I shall not leave the college before the completion of the course and if the circumstances so demand, I understand that fees paid shall not be refunded to me.

Place: \_\_\_\_\_

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

\_\_\_\_\_

Signature of the candidate

## CHECK LIST

Candidates are requested to check the List of Certificates / Documents to be furnished along with the filled in application form. Candidate should send only attested Xerox copy of the required certificates.

### 1. Filled in Application Form

(Stitch the following attested Xerox copy of the documents to the application form as per serial a to h)

- a. Proof of Date of Birth. (School Leaving Certificate)
- b. First to Final Year / Semester B. P. T., Mark sheets.
- c. Compulsory Internship Completion Certificate from College / University.
- d. The B. P. T. Course Completion Certificate from the Head Of the parent Department.
- e. The B. P. T. Degree Certificate or Provisional Pass Certificate from the Concerned University
- f. N. O. C. / Deputation from competent authority of place where Candidate is working.
- g. Attempt Certificate in F. Y. B. P. T. to Final B. P. T. Degree and 12<sup>th</sup> std.
- h. 12<sup>th</sup> std. / H. S. C. or equivalent Mark sheets.
- i. Return the following enclosures along with the filled in Application form personally to Shri K. K. Sheth Physiotherapy College, Rajkot on or before **23/06/2014** up to at **3:00pm**.
- j. Eligibility Certificate issued by the Saurashtra University for candidate who have obtained degree from university other than Saurashtra University.

**(ON Rs. 50/- Non Judicial Stamp)**

**UNDERTAKING**

Whereas I have taken admission for MPT in G. T. Sheth Medical Foundation Sanchalit Shri K. K. Sheth Physiotherapy College, Rajkot – affiliated to Saurashtra University, under management quota.

I.....do hereby solemnly and sincerely affirm that I am aware of and accept the rules and regulations of the University as well as college and that the MPT PG course is full time and I will not indulge in any type of private practice or employment of any nature.( part time or full time, paid or stipendiary or unpaid or on honorary basis etc.) during the said course, and I have fully understood that if I violate the condition of the aforesaid rules any time after the admission during the period of said course, my admission shall be cancelled by the management without any notice and that I will render ineligible to apply in future and my fees and deposit in toto will be forfeited and that I am also liable to pay the residual unpaid fees of the said course.

\_\_\_\_\_  
Name & Signature  
of the Parent/Guardian

\_\_\_\_\_  
Name & Signature  
of the Candidate

Place: Rajkot

Date:    /    /2014.