

CHAITANYA MEDICAL FOUNDATION'S

College Of Physiotherapy

C-2, MIDC, Opp. Chinchwad (E) Post Office, Chinchwad, Pune – 411019.

Tele-Fax: 020-27454501, 27454502, 9423559334, 9822013420

Website: www.copthnigadi.org

Email: info@copthnigadi.org

Admission Form

BACHELOR IN PHYSIOTHERAPY

To,
The Chairman/Principal
Chaitanya Medical Foundation's
College of Physiotherapy
Chinchwad, Pune, 411019.

PHOTO

Sir/Madam,
I the undersigned (in Block letters)

(SURNAME)

(NAME)

(FATHER'S NAME)

With reference to the advertisement in _____ newspaper dated _____
I wish to apply for admission in NRI / Management quota for the **First Year B.P.Th.** in your
College. I fully understand that I cannot claim any part of the amount paid by me as fees to the
college, if I leave the college anytime after admission. The discretion of refund rests upon the
management, subject to decision of Supreme Court.

I have read the rules of the college and do hereby undertake, if admitted to abide by them
as they are in force at present and as hereafter amended by the college authorities.

I hereby submit to the disciplinary jurisdiction of the College and Institution, and shall
observe and abide the rules by them, subject to rules framed by competent authorities.

I know that only few seats are reserved for NRI/Management quota and in their absence,
the Management has right to admit the students whose applications are received by the date of
receiving application fixed by the Competent Authority.

Place:

Signature of the Candidate

Date:

(A) INFORMATION ABOUT THE STUDENT:

(SURNAME) _____ (NAME) _____ (FATHER'S NAME) _____

Permanent Address: _____

_____ Mobile & Phone No: _____

Name & Address of the local Guardian: _____

_____ Mobile & Phone No: _____

Email ID: _____

Birth Date: _____ Aadhar Number: _____

Birth Place: _____ District & State: _____

Native Place: _____ Married/Unmarried: _____

*Whether SC/ST/OBC/NT: _____ Mother Tongue: _____

(* Please attach the attested photocopy of Caste certificate & Caste Validity certificate)

(B) INFORMATION ABOUT EDUCATION :

i) CET details:

Sr. No.	Entrance	Roll No.	Marks Obtained	All India Rank
1.	NEET-2020			

ii) H.S.C (Std XII Exam): Month and Year of Passing: _____ Exam seat No: _____

College/School Attended: _____

Year: _____ Total Marks Obtained: _____ Percentage: _____

Total Marks Obtained in PCB: _____ Percentage (PCB): _____

(Please attach attested photocopies of mark sheet of XIIth & NEET)

H.S.C (STD XII):

Subjects				Physics	Chemistry	Biology
Marks Obtained						

iii) S.S.C (Std X Exam): Month and Year of Passing: _____ Exam seat No: _____
College/School Attended: _____

Year: _____ Total Marks Obtained: _____ Percentage: _____

(C) Information about extra curricular activities:

Games Played: _____

Whether represented College: _____

Whether Member of N.C.C / N.S.S: _____

(D) Information about Parent/Guardian:

Name of the Parent/Guardian in full _____

Permanent Address in full: _____

_____ Mobile & Phone No: _____

Relation of Parent/Guardian/Spouse with the candidate: _____

Occupation: _____

Annual Income of the family (From all sources): _____

Self-Employment/Position in service: _____

(E) Endorsement by the student /applicant:

I have acquainted myself and agree to the rules and regulations of the college. I agree that I will:

- 1) Pay the full course fee if I leave the college before the completion of the said course.
- 2) Attend the required number (minimum 75%) of lectures, (minimum 80%) practicals & all PT periods etc.
- 3) Behave properly/modestly/soberly during the working of the College activities.

I know that my ward will not be permitted to appear for College/University Exam, if he/she had failed to satisfy the college authorities in above respect.

I would keep personal watch on the progress of my ward and meet the principal in person as and when required. I fully endorse this application of my ward, which may kindly be accepted.

Place:

Signature of the Parent / Guardian

Date:

DECISION BY THE CHAIRMAN / PRINCIPAL OF THE BOARD

Admitted to B.P.Th class: _____ Batch: _____

Roll No. _____ Date: _____

Student's admission subject to the submission of the necessary documents for eligibility.

Date:

Signature of the Chairman / Principal

Entries by the office: Roll No _____ Amount: _____ Date: _____

a) Admission fee: _____

b) Tuition fee: _____

c) Deposit fee: _____

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