

CHAITANYA MEDICAL FOUNDATION'S
College Of Physiotherapy

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

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Website: www.copthnigadi.org Email: info@copthnigadi.org

Admission Form

MASTER IN PHYSIOTHERAPY

To,
**The Chairman/Principal
Chaitanya Medical Foundation
College Of Physiotherapy
Chinchwad, Pune, 411019.**

PHOTO

Sir,
I the undersigned (in Block letters)

(SURNAME)

(NAME)

(FATHER'S NAME)

Wish to apply for admission to the **First Year M. P. T.** 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.

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.

I know that only few seats are reserved for NRI's and 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 appointed by the Govt. of Maharashtra Medical Education Department.

Place:

Signature of the Candidate

Date:

(A) INFORMATION ABOUT THE STUDENT:

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

Permanent Address: _____

_____ Phone No: _____

Name & Address of the local Guardian: _____

_____ Phone No: _____

Email: _____

Birth Date: _____ (As Per School Leaving Certificate)

Birth Place: _____ District & State: _____

Native Place: _____ Coming From Rural/Urban Area: _____

Married/Unmarried: _____

*Whether SC/ST/OBC/NT: _____

(B) INFORMATION ABOUT EDUCATION :

Sr. No.	CET	Roll No.	SML No.	Marks Obtained
1.	PGP-CET			

Date of Completion of graduation in Physiotherapy (including internship)

_____ / _____

Name of the College / University: _____

STATEMENTS OF MARKS

Final Year Physiotherapy – Month / Year: _____

Subjects					
Marks Obtained					

(C) Information about extra curricular activities:

Present Employment: YES / NO **Designation:** _____

Scientific Papers Presented: _____

Any additional courses in P.T: _____

Sports / Hobbies: _____

(D) Information about Parent/Guardian/spouse:

Name of the Parent/Guardian in full _____

Permanent Address in full: _____

_____ Tel: _____

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 Preference of Specialities:

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

- 1) Attend the required number (minimum 75%) of lectures & practicals, all PT periods,
- 2) Behave properly/modestly/soberly during the working of the College activities.

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

(F) Names of the specialities to be given in order of preference:

1) Musculoskeletal Physiotherapy

2) Neuro Physiotherapy

Place:

Signature of the Candidate

Date:

DECISION BY THE PRINCIPAL / CHAIRMAN OF THE BOARD

Admitted to M.P.T. class: _____ Batch: _____

Roll No. _____ As day: _____

Students subject to the submission of the necessary documents for eligibility.

Date:

Signature of the Principal / Chairman

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

Admission fee: _____ Tuition fee: _____ Deposit fee: _____

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