

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](http://www.copthnigadi.org) Email: [info@copthnigadi.org](mailto:info@copthnigadi.org)

---

---

### Application 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 2022			

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: \_\_\_\_\_

.....