

05-2022

Rs. 25/-

Final B.Physiotherapy (Whole/Part)

Abbreviated name of the College

(To be entered by the College Office) _____

GUJARAT UNIVERSITY**FINAL B.PHYSIOTHERAPY EXAMINATION—February/August, 20 .****(Examination Fee : Rs. 1200 including Mark-Statement Fee)**

*N.B.— Forms submitted after the prescribed date will not be accepted. Please fill in all details neatly.
Incomplete form will be rejected.*

To

The Registrar,
Gujarat University, Ahmedabad-380 009.

I request your permission to appear at the ensuing Final Examination for the Degree of B.Physiotherapy at the Ahmedabad Centre and herewith Rs. 1200 as fees.

• I request exemption from the following subject/subjects as I have obtained percentage of marks entitling me to exempted in those subjects in accordance with Ordinance and Regulations of the university at the examinations held in the months and years mentioned against them.

| | <i>Subjects</i> | <i>Month & Year</i> | <i>Seat No.</i> | <i>Name of the University</i> |
|----|-----------------|-------------------------|-----------------|-------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Yours faithfully,

Place :

Date : (Signature of Candidate).....

| Personal Details | | | | Col. Nos. | To be filled in by the College | | |
|--|--------------|-----------------------|--------------------------|--|--|---|--|
| Surname | Name | Father's/Husband Name | | | | | |
| Name in full in block letters (Beginning with Surname) | | | | 9-12 | Sr. No. of Applicant | | |
| Grand Father's Name..... | | | | 13-15 | College Code | | |
| Race & Religion..... Male or Female..... | | | | 16-17 | Centre Code | | |
| SC or ST or SEBC or Open | | | | 18 | Appearing in (i) Whole (ii) Part | | |
| Birth Date..... | | | | 26 | Sex | | |
| College..... | | | | 71 | Category Code | | |
| Fresh Student or Repeater student..... | | | | | | | |
| Examination Particulars | | | | | | | |
| Name of Examination | Month & Year | Seat No. | Name of University/Board | Write Ex. against the subject where exemption is claimed | | | |
| H.S.C. or equivalent examination | | | | 72 | Physiotherapy in Neuromuscular Conditions | | |
| First B.Physiotherapy | | | | | 74 | Physiotherapy in Cardio Pulmonary Condition | |
| Second B.Physiotherapy | | | | | | 76 | Physio. in Gen. Medi. & Surgi. Condition |
| Third B.Physiotherapy | | | | 79 | | | Physiotherapy & Rehabilitation |
| Final B.Physiotherapy (For only Repeater) | | | | | 78 | | Physiotherapy in Orthopaedic Condition |
| Date of joining the First B.Physiotherapy Course..... | | | | | | | |
| Residential address..... | | | | | | | |
| Tele No. | | | | | | | |
| Permanent address..... | | | | | | | |
| Tel No. | | | | | | | |

[P.T.O.]

FOR FRESH CANDIDATES

I certify that Shri/Smt./Kumari.....
is a student of..... College..... and he/she is eligible to appear in
university examination as per Ordinance and Regulation of Gujarat University & Concern Council / Board.

Place :..... (Signature).....

(Seal)
Date :..... Dean..... College.....

FOR REPEATER CANDIDATES

I certify that Shri / Smt./Kumari.....
of..... College..... failed to pass in Examination
held in February/August, 20 ..

I also certify that as per his/her marks statement at a previous examination he/she is entitled for exemption
Ordinance and Regulation of Gujarat University is correct.

I certify that he/she is eligible to appear in university examination as per Ordinance, rules and Regulation of
Gujarat University & Concern Council/Board.

Place :..... (Signature).....

(Seal)
Date :..... Dean, College.....

• To be struck off where it is not applicable.

Note : It is essential to attach certified Xerox Copies of :

(1) All mark-sheets as applicable

H.S.C. all marksheet / 1st, 2nd, 3rd B.P.T. All & Final B.P.T. (For Repeater)