

05-2022

Rs. 25/-

Third B.Physiotherapy (Whole/Part)

Abbreviated name of the College

(To be entered by the College Office) _____

GUJARAT UNIVERSITY**THIRD 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 Third Year 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 exemption 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 Name			
Name in full in block letters (Beginning with Surname)	.....			9	Sr. No. of Applicant	
Grand Father's Name.....	.....			13	College Code	
Race & Religion..... Male or Female.....	.....			16	Centre Code	
SC or ST or SEBC or Open .....	.....			17	Course (Old/New)	
Birth Date.....	.....			18	Appearing in (i) Whole (ii) Part	
College.....	.....			26	Sex	
Fresh Student or Repeater student.....	.....			71	Category Code	
Examination Particulars						
Name of Examination	Month & Year	Seat No.	Name of University/Board			
H.S.C. or equivalent examination						
First B.Physiotherapy						
Second B.Physiotherapy						
Third B.Physiotherapy (for only Repeater)						
Date of joining the First B.Physiotherapy Course.....				76	Medicine-I G.M./P.S.	
Residential address.....				72	Med.-II (Ne.-Gy.)	
..... Tele. No.				74	Surgery-I (CT S. Gen. S.)	
Permanent address.....				78	Orthopaedics I/II Trau./N. Trau	
..... Tele. No.				80	Physical & Functional Diagnosis	

[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
in subject/subjects, mentioned, in accordance with Ordinance and Regulation of Gujarat University.

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 B.P.T. All, 2nd B.P.T. All 3rd B.P.T. (For Repeater)