

GUJARAT UNIVERSITY**FIRST B.PHYSIOTHERAPY EXAMINATION—January/July, 20 .****(Admission Fee : Rs. 1000 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 permission to present myself at the ensuing First Examination for the Degree of B.Physiotherapy at the Ahmedabad Centre and herewith Rs. 1000 as fees (included M.S. 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.

Subjects	Month & Year	Seat No	Name of the University
1.
2.
3.
4.

Yours faithfully,

Place :

Date :

(Signature of Candidate).....

Personal Details				Col. Nos.	To be filled in by the College	
Name in full in block letters (Beginning with Surname)				9	Sr. No. of Applicant	
Surname	Name	Fathers's	Husband's Name	-12		
Race & Religion..... Male or Female.....				13	College Code	
SC or ST or SEBC or Open.....				-15		
I wish to appear in Course (New)				16	Centre Code	
I wish to appear in Medium (1-Gujarati, 2-Hindi, 3-English)				-17		
College.....				18	Appearing in (i) Whole (ii) Part	
Fresh Student or Repeater student.....				26	Sex	
Examination Particulars					Course (New)	
<i>Name of Examination</i>	<i>Month & Year</i>	<i>Seat No.</i>	<i>Name of University/Board</i>			
H.S.C. or equivalent examination					Write Ex. against the subject where exemption is claimed	
First B.Physiotherapy exam. (for only Repeater)				72	Human Anatomy	
				74	Human Physiology / Biochemistry	
				76	Psychology & Sociology	
				78	Fundamentals of Bio-Medical Physics	
				80	Exercise Therapy-I & Massage Manipulation	
Date of joining the First B.Physiotherapy Course.....						
Eligibility Certificate No (if applicable)..... Date.....						
Residential address.....						
.....Tele. No.....						
Permanent address.....						
.....Tele. No.....						

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.

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

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

FOR REPEATER CANDIDATES

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

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

Date :..... (Seal)
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 of H.S.C. or equivalent exam. and all mark-sheets of First B.Physiotherapy exam.
- (2) Eligibility Certificate if applicable.

I also certify that his/her statement as to his/her having obtained at a previous examination marks sufficient to entitle him/her exemption from the subject/subjects, in accordance with Ordinance and Regulation of Gujarat University is correct.