

**GUJARAT UNIVERSITY****SECOND B.PHYSIOTHERAPY EXAMINATION—January/July, 20 .****(Admission 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 Second Examination for the Degree of B.Physiotherapy at the Ahmedabad Centre and herewith Rs. 1000 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 &amp; Year</i>	<i>Seat No.</i>	<i>Name of the University</i>
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....

Yours faithfully,

Place : .....

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

<b>Personal Details</b>				<i>Col. Nos.</i>	<b>To be filled in by the College</b>	
Name in full in <b>block letters</b> (Beginning with Surname)				9	Sr. No. of Applicant	
<i>Surname</i>	<i>Name</i>	<i>Fathers's/Husband Name</i>		-12		
Grand Father's Name .....				13	College Code	
Race & Religion..... Male or Female.....				-15		
I wish to appear in ..... Course (New)				16	Centre Code	
I wish to appear in ..... Medium (1-Gujarati, 2-Hindi, 3-English)				-17		
SC or ST or SEBC or Open.....					Course (New)	
College.....					Appearing in	
Fresh Student or Repeater student.....				18	( i ) Whole	
					( ii ) Part	
<b>Examination Particulars</b>						
<i>Name of Examination</i>	<i>Month &amp; Year</i>	<i>Seat No.</i>	<i>Name of University/Board</i>	26	Sex	
H.S.C. or equivalent examination				71	Category Code	
First B.Physiotherapy examination				<b>Write Ex. against the subject where exemption is claimed</b>		
Second B.Physiotherapy (for only Repeater)				72	Pathology, Microbiology	
Date of joining the First B.Physiotherapy Course.....				74	Pharmacology	
Eligibility Certificate No. (if applicable).....Date.....				76	Biostatics & Research Metho.	
Residential address.....				78	Exercise Therapy-II & Kinesiology	
..... Tele No.....				80	Electrotherapy-I/II	
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.....

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**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.

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

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

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• 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. First B.Physiotherapy, Second B.Physiotherapy exam.
- (2) Eligibility Certificate if applicable.