

GUJARAT UNIVERSITY

THIRD 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 Third Year 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.

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	
Surname	Name	Fathers's Name				
Name in full in block letters (Beginning with Surname)				9	Sr. No. of Applicant	
Grand Father's Name.....				-12	College Code	
Race & Religion..... Male or Female.....				13	Centre Code	
I wish to appear in Course (New)				-15	Course (Old/New)	
I wish to appear in Medium (1-Gujarati, 2-Hindi, 3-English)				16	Appearing in (i) Whole (ii) Part	
SC or ST or SEBC or Open				-17	Sex	
College.....				18	Category Code	
Fresh Student or Repeater student.....				26	Write Ex. against the subject where exemption is claimed	
Examination Particulars				71		
Name of Examination	Month & Year	Seat No.	Name of University/Board	76	Medicine-I G.M./P.S.	
H.S.C. or equivalent examination				72	Med.-II (Ne.-Gy.)	
First B.Physiotherapy				74	Surgery-I (CT S. Gen. S.)	
Second B.Physiotherapy				78	Orthopaedics I/II Trau./N. Trau	
Third B.Physiotherapy (for only Repeater)				80	Physical & Functional Diagnosis	
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 .

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.....

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