## Abbreviated name of the College

(To be entered by the College Office)

## **GUJARAT UNIVERSITY**

## FIRST 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 permission to present myself at the ensuing First Examination for the Degree of B.Physiotherapy at the Ahmedabad Centre and herewith Rs. 1200 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	Nai	ne oj	f the University		
1								
2								
3								
4								
				Y	ours	faithfully,		
Place:	•							
Date :	•	(Sign	ature of Can	didate)				
	Personal	Details			C 1	T. 1. CU. 1		
Name in full in block letters (Beginning with Surname)					Col. Nos.	To be filled in by the College		
Surname	Name		Fathers's Husb	and's Name	9	Sr. No. of		
					-12	Applicant		
		•••••	•••••		13	College		
Race & Religion		. Male o	r Female		-15	Code		
SC or ST or SEBC of	or Onen				16	Centre		
	-				-17	Code		
Birth Date					18	Appearing in ( i ) Whole		
College					10	(ii) Part		
Fresh Student or Repeater student					26	Sex		
Admission batch/Year of candidate						Course		
Admission batch/year						(New/Old)		
Examination Particulars					Write Ex. against the subject			
	me of Examination   Month & Year   Seat No.   Name of University/Boar					where exemption is claimed		
H.S.C. or equivalent					<u> </u>			
examination					72	Human Anatomy		
E' D Dl					74	Human Physiology		
First B.Physiotherapy					70	/ Biochemistry		
exam. (for only Repeater)					76	Psychology &		
Date of joining the Firs	t R Physiotherar	v Cours	re		78	Sociology Fundamentals of		
Date of joining the First B.Physiotherapy Course					/0	Bio-Medical Physics		
					$\vdash$	Exercise Therapy-I		
T.1. N. //M.)					80	& Massage		
Tele. No./(Mo.)  Permanent address						Manipulation		
Permanent address				•••••		1		
							l	

## FOR FRESH CANDIDATES

I certify that Shri/Smt./Kumari	
is a student of	
in university examination as per Ordinance and Regulation of Gujarat University	
I also certify that the candidate is fulfilling all the criteria as per rules and rethat make him/her eligible to appear in Examinations.  I certify that the candidate has completed at least 75% attendance in all	
regulations of Gujarat University.	and subjects us per rules und
Place :	Signature of Principal
Date :	(Seal)
FOR REPEATER CANDIDATES	
I certify that Shri/Smt./Kumari	
is a student of	
Examination held in	failed to pass in
I certify that he/she is eligible to appear in university examination as per Or Gujarat University & Concern Council/Board.	dinance, rules and Regulation of
I also certify that his/her statement as to his/her having obtained at a previous	ous examination marks sufficient
to entitle him/her exemption from the subject/subjects, in accordance with Ordin	nance and Regulation of Gujarat
University is correct.	
Place :	Signature of Principal
Date :	(Seal)

• To be struck off where it is not applicable.

Note: It is essential to attach self attested Xerox Copies of:

- (1) All mark-sheets as applicable H.S.C. (All trials) All marksheet/s 1st B.P.T. (For Repeater)
- (2) Admission letter / Admission Order of Admitting Authority

01\ADMISSION\Medical\_Forms.p10-11