

05-2022

Rs. 25/- (Twenty Five Rupees) only First B.Physiotherapy (Whole/Part)

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.

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

FOR FRESH CANDIDATES

I certify that Shri/Smt./Kumari.....
is a student of
..... (Name & address of College) and he/she is eligible to appear
in university examination as per Ordinance and Regulation of Gujarat University & Concern Council/Board.

I also certify that the candidate is fulfilling all the criteria as per rules and regulations of Gujarat University that make him/her eligible to appear in Examinations.

I certify that the candidate has completed atleast 75% attendance in all the subjects as per rules and regulations of Gujarat University.

Place :.....

Signature of Principal

Date :.....

(Seal)

FOR REPEATER CANDIDATES

I certify that Shri/Smt./Kumari.....
is a student of
..... (Name & address of College) failed to pass in.....
Examination held in (Month & Year)

I certify that he/she is eligible to appear in university examination as per Ordinance, rules and Regulation of Gujarat University & Concern Council/Board.

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.

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