

05-2022

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

Abbreviated name of the College

(To be entered by the College Office) \_\_\_\_\_

**GUJARAT UNIVERSITY****SECOND 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 your permission to appear at the ensuing Second Examination for the Degree of B.Physiotherapy at the Ahmedabad Centre and herewith Rs. 1200 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              | College Code  |  |
| Grand Father's Name .....                                     |                         |                               |                                 | 13               | Centre Code   |  |
| Race & Religion..... Male or Female.....                      |                         |                               |                                 | -15              | Course (New/Old)  |  |
| SC or ST or SEBC or Open.....                                 |                         |                               |                                 | 16               | Appearing in ( i ) Whole ( ii ) Part                            |  |
| Birth Date .....  |                         |                               |                                 | -17              | Sex   |  |
| College.....  |                         |                               |                                 |                  | Category Code   |  |
| Fresh Student or Repeater student.....                        |                         |                               |                                 | 18               | <b>Write Ex. against the subject where exemption is claimed</b> |  |
| Admission batch/Year of candidate .....                       |                         |                               |                                 | 26               | Pathology, Microbiology   |  |
| <b>Examination Particulars</b>                                |                         |                               |                                 | 71               | Pharmacology  |  |
| <i>Name of Examination</i>                                    | <i>Month &amp; Year</i> | <i>Seat No.</i>               | <i>Name of University/Board</i> | 76               | Biostatics & Research Metho.                                    |  |
| H.S.C. or equivalent examination                              |                         |                               |                                 | 77               | Exercise Therapy-II & Kinesiology                               |  |
| First B.Physiotherapy examination                             |                         |                               |                                 | 78               | Electrotherapy-I/II   |  |
| Second B.Physiotherapy (for only Repeater)                    |                         |                               |                                 | 80               |   |  |
| Date of joining the First B.Physiotherapy Course.....         |                         |                               |                                 |                  |   |  |
| Residential address.....                                      |                         |                               |                                 |                  |   |  |
| Permanent address.....  |                         |                               |                                 |                  |   |  |
| ..... Tele. No./(Mo.) .....                                   |                         |                               |                                 |                  |   |  |

**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)

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**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 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.

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

Place :.....

Signature of Principal

Date :.....

(Seal)

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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 as applicable - H.S.C. (All trials) All marksheet/s 1st B.P.T., 2nd B.P.T. (For Repeater)

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