## Rs. 25/-Third B.Physiotherapy (Whole/Part)

Abbreviated name of the College

(To be entered by the College Office)

## **GUJARAT UNIVERSITY**

## THIRD 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 apear at the ensuing Third Year 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.

Subjects Month & Year					of the University			
2								
3 4	•••••						•••••	
4					ours fai			
Place :				•	ouis iu		,	
Date :		(Signati	ure of	Candidate).				
	Personal	Details				Col.	To be filled in	n by
	Surname	Na	me	Fathers's	Name	Nos.	the College	e
Name in full in <b>block</b> l	letters					9	Sr. No. of	
(Beginning with Surname)					$\frac{-12}{12}$	Applicant		
						13 -15	College Code	
Grand Father's Name	<u>a</u>					$\frac{-13}{16}$	Centre	
Race & Religion		Male or I	Female			-17	Code	
SC or ST or SEBC or Open							Course	
							(Old/New)	
						40	Appearing in	
College						18	(i) Whole	
Fresh Student or Repeater student					26	( ii ) Part Sex		
Admission batch/year				•••••	•••••			
	Examination	Particular	'S			71	Category Code	
Name of Examination	Month & Year	Seat No.	Name o	f University/	Board	Write Ex. against the subject		
H.S.C. or equivalent							ere exemption is cl	
examination						76	Medicine-I	
First B.Physiotherapy							G.M./P.S.	
Second B.Physiotherapy						72	MedII (NeGy.)	
Third B.Physiotherapy						74	Surgery-I	
(for only Repeater)							(CT S. Gen. S.)	
Date of joining the First	R Physiotherany	Course					Orthopaedics I/II	
Date of joining the First B.Physiotherapy Course					78	Trau./N. Trau		
						80	Physical &	
Permanent address						Functional		
1 officiality additions	•••••	Tele No		••••••••	•••••		Diagnosis	

## 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 regulation make him/her eligible to appear in Examinations.	ons of Gujarat University that
I certify that the candidate has completed atleast 75% attendance in all the subject of Gujarat University.	s as per rules and regulations
Place :	Signature of Principal
Date :	(Seal)
FOR REPEATER CANDIDATES	
I certify that Shri/Smt./Kumari	
is a student of	
	iled to pass in
I also certify that, as per his/her marks statement at a previous examination he in subject/subjects, mentioned, in accordance with Ordinance and Regulation of Governity I certify that he/she is eligible to appear in university examination as per Ordin Gujarat University & Concern Council/Board.	ujarat University.
Place :	Signature of Principal
Date :	(Seal)

• 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., 3rd B.P.T. (For Repeater)

 $01 \land ADMISSION \backslash Medical\_Forms.p14-15$