

App. No.

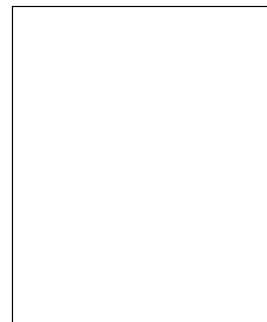


JSS MAHAVIDHYAPEETA

JSS COLLEGE OF PHYSIOTHERAPY

Hospital Campus, M.G Road, Mysore -570004, Karnataka, India.

Phone No: 0821-2548234. Fax: 0821-2548368. Email: jsscpt@jssonline.org



Application for Admission to B.P.T Course – 2021-22

1	Name of the candidate in full (block letters) To be entered as found in the certificate of the qualifying examination	
2	Father's/ Guardian Name	
3	Permanent address	
4	Present address	
5	Telephone /Mobile number,	1.
		2.
	E Mail	
6	Religion	a. Caste b. Sub caste c. Blood Group
7	Whether you belong to Scheduled Caste / Scheduled Tribe / Backward Class (State sect if you belong to any one of these categories)	Sect
8	Occupation of Father / Guardian	
9	Annual income of Father / Guardian	
10	a) Date of birth (in Christian era)	
	b) Place of birth (Here enter Place, Taluk & District)	
	c) State of domicile	
	d) Mother Tongue	
	e) Languages which you can read, write & speak	
11	Are you a) A citizen of Indian Union? If not mention nationality	
	b) Have you applied for Eligible Certificate	

12. Academic Particulars:

Exam Passed	Name & Address of the School / College	Name of the Board / University	Reg.No	Class in which Passed	Date of Passing
SSLC					
PUC or 10+2 or Equivalent Examination.					

13. Marks obtained in the qualifying examination:

PUC / 10 + 2	Physics	Chemistry	Biology	Aggregate Percentage
Marks obtained				
Maximum marks				

14. Details of enclosures to be attached to the application

- a) 10+2 / PUE Marks Card.
- b) SSLC Marks Card.
- c) Caste Certificate.
- d) Transfer Certificate.
- e) Eligibility Certificate

DECLARATION BY THE CANDIDATE

I hereby undertake that I have filled this form myself, and to the best of my belief, the particulars give above are true. I hereby under take to abide by all the conditions, rules and regulations in force at present and also those which may here after be introduced for the administration of the College & Hostel.

I also undertake that so long as I am student of this College, I will do nothing unworthy of student of the college either inside or outside of anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for disinterest in studies, misbehavior and continuous failure.

I hereby undertake that I shall pay all the fees and other dues to the institution promptly on demand.

Signature of the parent / legal guardian (if parents not alive)

Signature of the applicant

Place:

Place:

Date:

Date:

FOR OFFICE USE

Eligible / Not eligible for admission Admission is approved/Rejected

Admitted / Not Admitted

Case Worker

Administrative Officer

Principal