

Application No: _____

**GUJARAT UNIVERSITY OF TRANSPLANTATION SCIENCES
AHMEDABAD – 380016**

Application form for admission to

**POST GRADUATE PHYSIOTHERAPY DEGREE OCURSE -2019
TO BE FILLED BY THE APPLICANT**

Recent Passport
Size Photograph
Attested By Gazette
Officer/Principal of
College with Clear
Stamp

Full Name : _____

First Name

Father`s /Husband`s Name

Surname

Sex : Male Female

Birth date :

Birth Place:

Citizenship: Indian / Other

Category :OPEN/SC/ST/SEBC

Physically Handicapped: Yes / No

Marital status : Married / Unmarried

Correspondence Address

City : _____ Pincode: _____ State: _____

Phone No.(with STD code) : _____ Mobile : _____

Email: _____

Permanent Address

City : _____ Pincode: _____ State: _____

Phone No.(with STD code) : _____ Mobile : _____

Email: _____

Name of University

Name of College

Date of Starting Internship

Date of Completion of Internship

Details of marks (passing marks of the external examination only, no internal marks) obtained subject wise at various examinations. Any wrong entry may result to cancellation of application.

Examination	Subject	Obtained Theory Marks	Obtained Practical Marks	Obtained Total Marks	Out of Total Marks	No. of Attempt
4 th B.P.T						
Total						
3 rd B.P.T						
Total						
2 nd B.P.T						
Total						
1 st B.P.T						
Total						

N.B: Enter passing marks of external examination only. Do not enter grace marks. Any wrong entry may result in cancellation of application.

If any of the statements made in the application form or any information /marks /document supplied by the candidate in connection with his/ her application for admission is later on found to be false or incorrect or misleading or if it is found that the candidate has concealed any information /fact in connection with his/her application, his/her admission shall be cancelled without any notice thereof, fees forfeited, have to pay the whole course fees, have to pay penalty of University, and he/she may be expelled and prosecuted and he/she will not be eligible to apply in future.

Name of candidate: _____

Date: _____

Signature of Candidate

If admitted for P.G course anywhere previously till the date of application : yes /no

If yes then : course completed / not completed

Name of Course :

Year of Admission :

Name of University :

Name of College:

Details of present employment: Employed or Not employed

If employed then,

(a).Designation : _____

(b). Place of working: _____

(c).Date of joining: _____

(d). No objection certificate issued by : _____

Undertaking by applicant

I, _____, hereby declare that the information given in this application including accompaniments is true. If anything is found to be incorrect or false or misleading at any time, I understand that my admission shall be cancelled and I may be prosecuted, also I shall be ineligible to apply in future. I shall abide by the results.

I have read and understood all the rules and regulations of post-graduate physiotherapy admission for 2018 of Gujarat University of Transplantation Sciences and I shall abide by all the rules and regulations. I accept all the terms and conditions pertaining to admission to post graduate physiotherapy course and I do not have any objections with rules and regulations.

I am not engaged in any post graduate course in any institute at the time of submission of application form & at present. After my admission, if I do not join the course or leave the course/left the course after counseling, in such a conditions ,or in case of implementation of rules 1.3, 1.6, 6.5, 7.6, 7.7,7.10, of post graduate admission 2018, my admission and registration shall be cancelled without any notice thereof. In such situation, I also understand that,

1. My admission and registration will be cancelled without any notice thereof.
2. I will not be eligible for future admission in this university.
3. I will have to pay the whole course fees of all years / academic terms of college and university.
4. My all deposit amount, admission fees, tuition fees, and university fees are forfeited and I will have no claim on it.

If I do not comply with above conditions, then all the original documents will not be return to me and legal action will be initiated against me.

I have verified my eligibility to apply against the category to which I am entitled. If I found to be ineligible for the category in which I had applied then I cannot claim any right in future for admission can be cancelled.

I have also verified my eligibility for appearance at the entrance examination/post graduate physiotherapy admission. If through mistakes / error the forms are accepted and through mistake/error I appeared in entrance examination / admitted in post graduate physiotherapy course & if I found to be ineligible , in such case I cannot claim any right or interest arising out of acceptance of form or appearance at the entrance examination/admission in post graduate physiotherapy course.

Name of Candidate: _____

Date: _____

Signature of Candidate _____

SUBMISSION OF APPLICATION FORMS

1. Duly completed application form must be accompanied with a Demand Draft payable at Ahmedabad for Rs. 1500/- (Rupees One Thousand and Five Hundred Only) drawn in favor of “GUTS, Ahmedabad”. Demand Draft submitted with this form includes CET fees and is not refundable in any case.

2. The completed and signed application form with all necessary enclosures should be submitted to **The Vice-chancellor, Gujarat University of Transplantation Sciences, IKDRC-ITS premises, Civil Hospital campus, Asarwa, Ahmedabad- 380016 on or before 15th April, 2019 by Registered/Speed Post/hand delivery only**. An envelope containing the Application should be superscripted **“APPLICATION FOR MASTER OF PHYSIOTHERAPY COURSE”**. **Applications sent by Fax, E-Mail, Photocopies or any other form will not be entertained.**

IMPORTANT DATES

- Last date and time for receipt of completed application form – 15th April, 2019 up to 4 PM
- Date and Time of Written Examination – 18th April, 2019, 11 AM to 12 Noon.
- Venue of Examination – Basement Auditorium, IKDRC-ITS.
- Date of Final Merit List – 22nd April, 2019
- Date of Counselling – 25th April, 2019
- Commencement of Course – 1st May, 2019

MEDICAL FITNESS CERTIFICATE
To whom so ever it may concern

Affix your recent
Passport size,
color
Photo here (with
signature)

This is to certify that I have examined Mr./ Miss. _____ aged _____

He/ she is suffering / not suffering from following diseases

Asthma

Physical Disability

Diabetes

Mental Disability

Hypertension

Allergy

Fits / Convulsions

He/ she has undertaken / not undertaken all vaccination.

Any other major disease (Please specify) –

His/ Her height....., weight....., vision....., Hearing-----.

I certify that Mr. / Miss _____ is physically, mentally & Psychologically fit / unfit for _____ course.

Marks of identification

Thumb impression

Signature:

Name of Registered medical practitioner:

Place:

Reg. No.:

Date:

Address:

(Office Seal)