



JSS MAHAVIDHYAPEETA

## JSS COLLEGE OF PHYSIOTHERAPY

J.S.S. Hospital Campus, MG Road, Mysore -570004, Karnataka, India.

Phone No: 0821-2548234. Fax: 0821-2433898. Email: jsscpt@jssonline.org

No.

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### Application for Admission of First Year Master of Physiotherapy Course Year .....

1	Name of the candidate in full (block letters) To be entered as found in the certificate of the qualifying examination	
2	Father's Name	
3	Name of the guardian and relationship (if father is not alive)	
4	Permanent address of father or guardian	
5	Present address of the candidate with Telephone number.	
6	Religion	a. Caste b. Sub Caste
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 of the School	Name & Address of the School / College	Name of the Board / University	Reg.No	Class in which Passed	No. of attempts for passing	Year of Passing
SSLC						
PUC or 10+2 or Equivalent Examination.						

13. Marks obtained in the qualifying examination

Exam Passed	Name of the College & University	Reg.No	Maximum Marks & Marks obtained	No. of attempts	Year of Passing
B.P.T.					

14. Details of enclosures to be attached to the application

- One photocopy of the statement of marks of the qualifying examination (B.P.T.).
- One photocopy of the S.S.L.C. certificate showing the date of birth.
- One latest stamp size photo duly affixed to the application form.
- One photo copy of SC/BC certificate duly certified if applicable.

**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

Principal

Superintendent/  
Administrative Officer