

Application Form Graduate Programs

Bachelors in Physiotherapy (BPT)



M.S.RAMAIAH MEDICAL COLLEGE

MSRIT Post, Mathikere
Bangalore ,Karnataka
PIN: 560054

E-mail: msrmcpt@gmail.com

Phone: 080 2360 8361 (Direct), 2360 1742 EXT: 425

Fax: 080 23608361,

www.msrmc.ac.in

AFFIX PHOTOGRAPH
HERE

PLEASE COMPLETE THE APPLICATION IN BLOCK LETTERS
PRINT NAME as per SSLC marks card or relevant records.

NAME OF THE APPLICANT

COMMUNICATION DETAILS

NAME OF THE FATHER

NAME OF THE MOTHER

CORRESPONDENCE ADDRESS (TERM TIME ADDRESS)

Document Checklist (PLEASE TICK)

1. Completed Application Form
2. Demand Draft/Receipt (prospectus)

PHOTOCOPIES OF

3. 10TH STANDARD MARKS CARD
4. 12TH STANDARD MARKS CARD

5. PROOF OF DATE OF BIRTH

- a. PASSPORT
- b. BIRTH CERTIFICATE
- c. OTHERS

PIN	COUNTRY
HOME TELEPHONE / MOBILE	OFFICE TELEPHONE
EMAIL	

Instruction to Applicants

1. Incomplete applications and applications without the prescribed fees will not be considered for admissions.
2. The eligibility criteria for admission is :
 - a. Pass in 12th Std. with 45% aggregate Marks in Physics, Chemistry & Biology
 - b. Pass in English as well as completion of 17 years of age as on December 2011
3. The completed application form along with the certificate and Marks card copies should be posted to the following address:

PROFESSOR & HOD, DEPT. OF PHYSIOTHERAPY,
M.S.RAMAIAH MEDICAL COLLEGE,
M.S.RAMAIAH NAGAR, MSRIT POST
BANGALORE – 560 054.
INDIA
Ph : 080-23608361

SIGNATURE OF THE PARENT AND CANDIDATE

DATE



1. Personal Details						
Date of Birth	DD	MM	YY	Blood Group		Nationality
AGE IN YEARS				Religion :		
NAME IN ADDRESS				Caste (if Applicable) :		
PERMANENT ADDRESS				ANNUAL FAMILY INCOME		
					HOME TELEPHONE	
					OFFICE TELEPHONE	
					MOBILE	
PINCODE			COUNTRY		EMAIL	

2. Academic Details					
Please tick item	PUC <input type="checkbox"/>	ICSE <input type="checkbox"/>	Others (Please Specify) <input type="checkbox"/>		
	CBSE (Hons) <input type="checkbox"/>	HSC <input type="checkbox"/>			
	PRE-DEGREE <input type="checkbox"/>	INTERMEDIA <input type="checkbox"/>	TE		
	REGISTER NUMBER		MONTH OF PASSING	YEAR	
NAME OF THE COLLEGE / SCHOOL					
	DISTRICT	STATE		COUNTRY	
	LANGUAGE OF INSTRUCTION		FIRST LANGUAGE		
	SUBJECTS	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE	YEAR OF PASSING
1	ENGLISH				
2	PHYSICS				
3	CHEMISTRY				
4	BIOLOGY				
5	MATHEMATICS				
	TOTAL				