

Application Form



M. S. RAMAIAH MEDICAL COLLEGE DEPT. OF PHYSIOTHERAPY

Post Graduate Programs

Physiotherapy

Masters in Physiotherapy

Document Checklist (PLEASE TICK)

1. Completed Application Form
2. Demand Draft/Receipt (prospectus)
- PHOTOCOPIES OF**
3. Degree Certificate
4. Internship Certificate
5. IAP Membership Certificate
6. BPT MARKS CARD
 - a. 1ST YEAR
 - b. 2ND YEAR
 - c. 3RD YEAR
 - d. 4TH YEAR

M.S.Ramaiah Medical College

Dept. of Physiotherapy
M.S.R. Nagar, MSRIT Post
Bangalore ,Karnataka
PIN: 560054

E-mail: msrmcpt@gmail.com

Ph: 080 2360 8361, 2360 7913

Fax: 080 23608361, 2360 7330

NAME OF THE APPLICANT

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

AFFIX
PHOTOGRAPH
HERE

Enclosure: Xerox copies of all relevant certificates of BPT course.

The completed application form along with the certificates and Marks card copies should be posted to the above address.

1. Personal Details							
Date of Birth	DD	MM	YY	Blood Group		Nationality	
Correspondence Address (Term time address):				Permanent Address:			
PIN:				PIN:			
TELEPHONE							
e-mail:							

2. Academic Details						
Please tick item	BPT <input type="checkbox"/>			Others (Please Specify) <input type="checkbox"/>		
Sl.No	Course / Degree	Educational Institution/ College/University	Year		Grade Class	
			FROM	TO		
1						
2						
3						
4						

4. No. of Attempts in BPT course	First year BPT		Third year BPT	
		Second year BPT		Final year BPT

3. Professional Membership		IAP REG.NO
		OTHERS (IF ANY)

5. Work Experience				
Sl.No	Organization and Job Title	Brief description of work	Duration in months	Part-time/ Full-time
1				
2				
3				
4				

6. References

Please give details of two people who have been involved in supervising your recent academic work. If you have not been in education for a number of years please give the name of your current employer instead of one academic referee. When required, referees will be contacted by mail, fax or telephone.

First Referee	Second Referee
NAME	NAME
DESIGNATION	DESIGNATION
ADDRESS	ADDRESS
PIN	PIN
Telephone number:	Telephone number:
E-mail:	E-mail:

7. Sponsorships (Please tick appropriate item)

a	I will be responsible for my fees	<input type="checkbox"/>
b	I shall be supported by a family member	<input type="checkbox"/>
c	I shall be supported by my government	<input type="checkbox"/>
d	I shall be supported by my employer	<input type="checkbox"/>

If (c) or (d) is ticked, state to what extent you will be financed and give the address of your employer/Government:

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8. Additional Information

Please provide any relevant information, which may help the admission committee with your selection.

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SIGNATURE OF THE APPLICANT

DATE

For Office Use: