

Application Form 2018 - 2019



RAMAIAH
MEDICAL COLLEGE

DEPARTMENT OF
PHYSIOTHERAPY

Affix passport size
photograph here
(Colour photograph)

Post Graduate Programs Masters in Physiotherapy (MPT)

1. Full name of Candidate (Fill in Capital Letters)

Candidate Mobile No

Em

2. Date of Birth

Place of birth

3. Nationality

Religion

Caste*

4. Choice of Subject for PG Elective
(in order of preference)

1	
2	
3	
4	
5	

5. **BPT Details**

Name of the College	
Name of the University	
Year of Passing BPT	

6. No. of attempts in BPT

1 st Year	2 nd year	3 rd year	4 th year

Ramaiah Medical College
560054
Dept. of Physiotherapy

M.S.Ramaiah Nagar, MSRIT Post, Mathikere, Bengaluru-

T : 080 - 2360 8361 F : 080 - 2360 8361

E-mail :msrmcpt@gmail.com www.ramaiah-india.org

7. Marks obtained in BPT

	Max.	Marks	Percentage

	Marks	obtained	
1 st year BPT			
2 nd year BPT			
3 rd year BPT			
4 th year BPT			
Grand Total			

8. Date of completion of Internship:

9. Name of the Hospital of Internship

10. Mode of Admission to BPT

Govt. Seat Management Seat

11. Academic Details:

Class	Name of the Institution	Place	Passing Year	Syllabus State / CBSE / ICSE / Others	Percentage of Marks obtained
12 th					
10 th					

12. Details of any awards, prizes, recognitions secured by the candidate in his / her post 10thStd Career. Please furnish details

13. Details of Parents / Family.

	Father	Mother
Name		
Age		

Mother Tongue		
Educational qualification		
Profession		
Annual Income		
Telephone/ Land Line no. Mobile no.		
No. of Children	Male	Female
Email Id		

14. Residential Address

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15. Reference of two persons (with at least Post Graduate qualification) who can vouch for the candidates conduct and character

	Reference 1	Reference 2
Name		
Designation / Occupation		
Address		
Land Line No. (with Code)		
Mobile No		
E-mail Address		

16. Write 8 – 10 sentences on why you want to join the PG program and what are goals in professional life.
(Should be in candidates own hand writing)

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I declare that the above information given is true and correct.

We understand that admission may be cancelled if any information given is found to be incorrect.

The terms and conditions of admission to the course have been explained to us and we have understood the same fully. We hereby agree to abide by all the terms and conditions stipulated by the management of the MSRMC.

Name & Signature of the Candidate
Guardian

Name & Signature of the Parent /
Guardian

Ramaiah Medical College

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

E-mail: msrmcpt@gmail.com

Ph: 080 2360 8361

www.msrmc.ac.in

DOCUMENT CHECKLIST (PLEASE TICK)

- | | |
|---|--------------------------|
| 1. Completed Application Form | <input type="checkbox"/> |
| 2. Demand Draft/Receipt (prospectus) | <input type="checkbox"/> |
| PHOTOCOPIES OF | |
| 3. 10 th & 12 th Marks Card | <input type="checkbox"/> |
| 4. Degree Certificate | <input type="checkbox"/> |
| 5. Internship Certificate | <input type="checkbox"/> |
| 6. IAP Membership Certificate | <input type="checkbox"/> |
| 7. BPT MARKS CARD | |
| a. 1 ST YEAR | <input type="checkbox"/> |
| b. 2 ND YEAR | <input type="checkbox"/> |
| c. 3 RD YEAR | <input type="checkbox"/> |
| d. 4 TH YEAR | <input type="checkbox"/> |

The completed application form along with the certificates should be submitted or posted to the above address.

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