

Application Form 2020 - 2021



RAMAIAH
MEDICAL COLLEGE

DEPARTMENT OF
PHYSIOTHERAPY

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photograph here
(Colour photograph)

Under Graduate Program Bachelors in Physiotherapy (BPT)

| | |
|--|--------------------------------------|
| 1. Name of the Candidate (Block Letters) As entered in 10+2 Marks Card | |
| 2. Father's Name | |
| 3. Mother's Name | |
| 4. Permanent residence address of the Candidate (Block Letters) STD Code No : Cell Phone No : E-mail ID : | |
| 5. Local Address : (Block Letters) if any STD Code No: Phone No : | |
| 6. a. Nationality, b. Passport No. (if any) c. Religion d. Caste e. Sub - Caste f. Schedule Caste g. Schedule caste h. Backward Community (Specify the Category) | a b c d e f g h |

| | |
|---|--|
| 7. Occupation of Father / Guardian (Name & Address of the Establishment) | |
| 8. Blood Group | |
| 9. Total Annual Income of Family (Father, Mother, Guardian) PAN No. | Rs. |
| 10. a. Date of Birth (In Christian era) b. Place of Birth (place, Taluk & Dist) c. State of domicile / Residence d. Mother Tongue e. Languages which you read. write and speak | a. D_____M_____YR_____ b c d e |
| 11. Name and address of two responsible Persons (Nearest relatives) From Home town STD Code : Cell No : STD Code : Phone No : | 1. |
| | 2. |

| | |
|---|--|
| <p>12. Education Qualifications. (PUC or 10+2 Equivalent)</p> <p>PUC/CBSC/ICSC/HSC</p> <p>Intermediate / Premedical</p> <p>Others.....</p> | <p>Name of Board :.....</p> <p>Place.....</p> <p>Reg.No.....</p> <p>Month.....</p> <p>Year of Passing.....</p> |
| <p>13. Name of school / college</p> <p>Place :</p> | |

| Subject | Max. Marks | Marks Obtained | Percentage |
|------------|------------|----------------|------------|
| 1. English | | | |
| Total | | | |

| Science Subject | Max. Marks | Marks obtained | Percentage |
|-----------------|------------|----------------|------------|
| 2. Physics | | | |
| 3. Chemistry | | | |
| 4. Biology | | | |
| Total | | | |

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

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
2. Demand Draft of Application form fee

PHOTOCOPIES OF

3. 10th Marks Card
4. 12th Marks Card
5. Transfer Certificate
6. Aadhaar Card
7. Passport Copy NRI/Foreign Nationals

The completed application form along with the DD of Application form fee for **Rs. 500/- (Five hundred only)** DD in favour of **M.S. Ramaiah Institute of Physical Medicine and Rehabilitation** and certificates should be submitted or posted to the above address.

Last date for submission of Application form is 3rd August 2020.

Enclosure: Xerox copies of all relevant certificates.