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Dr. Vithalrao Vikhe Patil Foudation’s



**COLLEGE OF PHYSIOTHERAPY**

1. Opp. Govt. Milk Dairy, M.I.D.C., Ahmednagar-414111
2. **Tel**:-(0241) 2778042, 2777059, **Fax**:- (0241) 2779757

**E-mail**: principal\_physiotherapy@vims.edu.in **Website**: [www.vims.edu.in](http://WWW.vims.edu.in)

**Admission Enquiry Form**

**Enquiry For Course:** 1) Under Graduate: B.P.Th.

2) Post Graduate: M.P.T.

NEET Year: \_\_\_\_\_\_\_\_\_\_\_\_\_ S.M.L. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Surname) (First Name) (Middle Name)**

Gender: Male Female: DOB (DD/MM.YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address: Flat/Block/Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street/Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dist.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category: OPEN/ST/SC/SBC/NT-1/NT-2/NT-3/VJ/OBC/OTHER:

Parent’s Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality Certificate : Yes/No NO/Date of ISSUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicile Certificate : Yes/No NO/Date of ISSUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cast: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cast Certificate: Yes/No Non Creamy Layer: Yes/No Cast Validity: Yes/No

PAN No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADHAR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Under Graduate: B.P.Th.**

**ACADEMIC DATA**

**Education Qualification:** Attach Photocopies Certificate/Marks Sheets.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YEAR** | **Physics** | **Chemistry** | **Biology** | **English** | **Total Marks** | **Percentage** |
| **H.S.C.** |  |  |  |  |  |  |
| **NEET 20** |  |  |  |  |  |  |

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**Enquiry For Course:** 1) Under Graduate: B.P.Th.

2) Post Graduate: M.P.T.

NEET Year: \_\_\_\_\_\_\_\_\_\_\_\_\_ S.M.L. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Surname) (First Name) (Middle Name)**

Gender: Male Female: DOB (DD/MM.YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address: Flat/Block/Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street/Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dist.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category: OPEN/ST/SC/SBC/NT-1/NT-2/NT-3/VJ/OBC/OTHER:

Parent’s Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality Certificate : Yes/No NO/Date of ISSUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicile Certificate : Yes/No NO/Date of ISSUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cast: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cast Certificate: Yes/No Non Creamy Layer: Yes/No Cast Validity: Yes/No

PAN No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADHAR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Under Graduate: M.P.T.**

**ACADEMIC DATA**

**Education Qualification:** Attach Photocopies Certificate/Marks Sheets.

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** | **Total Marks Obtained** | **Out of** | **Percentage** |
| **PGP-CET 20** |  |  |  |

**Details of B.P.Th. Course:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Month & Year of Passing** | **Total Marks Obtained** | **Attempt** | **Percentage of Marks** |
| **First B.P.Th.** |  |  |  |  |
| **Second B.P.Th.** |  |  |  |  |
| **Third B.P.Th.** |  |  |  |  |
| **Fourth B.P.Th.** |  |  |  |  |