

Application Form No.

Roll No.\_\_\_\_\_ (To be filled by Office)

University Enrolment No. \_\_\_\_\_ (If the candidate has earlier passed and/or was admitted to any course at the University of Delhi )

### Amar Jyoti Institute of Physiotherapy (UNIVERSITY OF DELHI) Bachelor of Physiotherapy 2018-19

NOTES: 1. THE APPLICATION FORM SHOULD BE SUBMITTED BY June 18, 2018. (4.00 p.m.)

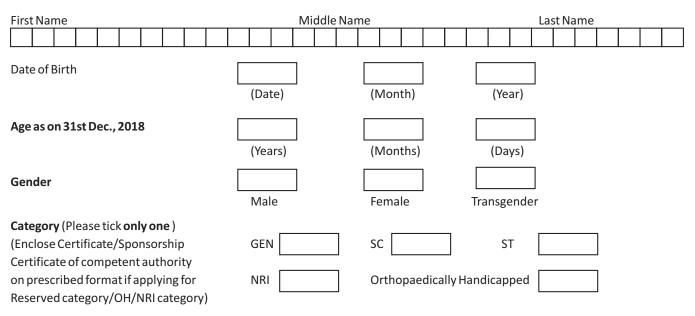
- 2. SUBMIT PERSONALLY/SEND PREFERABLY BY REGISTERED POST.
- 3. COMPLETE ALL ENTRIES.

### **APPLICATION FORM**

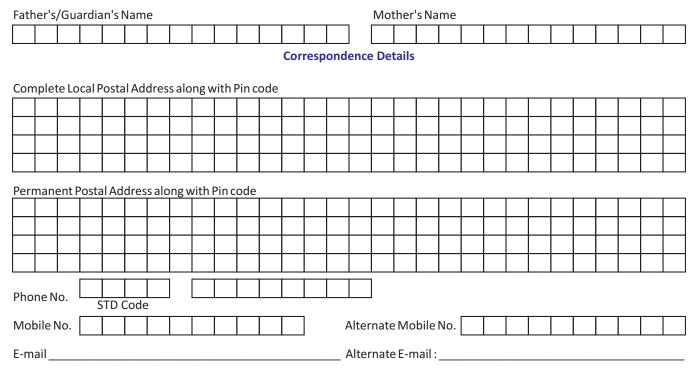
(USE CAPITAL LETTERS ONLY)



### **Personal Information**



Separate form is required to be filled by unsuccessful general/reserved candidate want to be considered for NRI category



#### Kindly Note : All communication will be done with primary email Id (Avoid cursive writing)

#### **Academic Details**

(Please enclose self attested copies of testimonials only. Originals to be produced at the time of counselling.)

Examination	Year of Passing	Board/University	<b>Marks Obtained</b>	Max. Marks
10th Class				
12th Class				

#### Subject-wise Marks in 12th (10+2) Senior Secondary/Qualifying Examination

In case 12th class result are not yet declared than kindly write as **Results Awaited**. They should submit the documentary evidence of having passed the final (12th) Examination & final mark sheet before the entrance examination.

Subject	Marks Obtained	Max. Marks	Grade (If any)
Physics			
Chemistry			
Biology			
English			
*			

\* Candidate should select 5th best subject if any and fill the blank row

In case of Result Awaited : Name of Board \_\_\_\_\_

Aggregate Percentage	12th (Best of 5)	PCBE

\_\_ Roll No. \_\_\_\_\_

2018-19



## DECLARATION

I hereby declare that particulars stated in this application and enclosures, are true to the best of my knowledge and belief. I have read the General Rules and Regulations and satisfied myself that I fulfill all the eligibility requirements prescribed. In the event of my being found ineligible at any stage, I understand that I will be refused the opportunity and my admission will be cancelled. If admitted, I promise to abide by the Rules, Regulations, Discipline norms and sexual harassment policy of the Institution/University.

Date:\_\_\_\_\_

Place:\_\_\_\_\_

(Signature of Applicant)

I have fully read the information furnished by my son /daughter and affirm that it is true. I understand that if it is proved that the information is fraudulent, my wards admission will be cancelled with immediate effect and I will be liable for criminal prosecution.

I have also read the general rules and regulations and have satisfied my self that my ward satisfies all eligibility requirements. Furthermore I will make all attempts to ensure that my ward abides by all the rules, regulations, discipline and norms and sexual harassment policy of the Institution /University.

Date:\_\_\_\_\_

Place: \_\_\_\_\_

(Signature of Father/Mother/Guardian)

Name : \_\_\_\_\_

Relationship :\_\_\_\_\_

(Duly filled Declaration is mandatory to be submitted.)

BPT



# Schedule Caste/Schedule Tribe Candidate CERTIFICATE

(A) To be issued by District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/ Additional Deputy Commissioner/Deputy Collector/Ist Class Stipendiary Magistrate/City Magistrate/Sub-Divisional Magistrate/ Taluk Magistrate/Executive Magistrate/Extra Assistant Commissioner/Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate / Revenue Officer not below the rank of Tehsildar/Sub-Divisional Officer of the area where the candidate and/or his/her family normally resides/Administrator/ Secretary to Administrator/Development Officer (Lakshadweep Islands).

This is to certify that Sh./Ku	
Son/Daughter of Sh./Smt	
of Village/Town	
In District Division	
Of the State/Union Territory	
Belongs to the	
Caste/Tribe which is recognized as Scheduled Caste/Scheduled Tribe.	
Place & Date :	Signature
Name (In Capital Letters)	
(Official Seal)	
Designation	
ALTERNATIVE	
(Applicable only to those persons who have migrated from one State to and	other for purpose of employment, education etc.)
It is certified that he/she belongs to the	Caste/Tribe which is recognized as
Scheduled Caste/Scheduled Tribe in the State Union Territory	
Scheduled Caste/ Scheduled Tribe Certificate issued by	(Name of issuing authority)
Vide No Date	
Father/Mother of Sh./Ku	
in District Division	in the State/Union
Territory	
Place & Date :	Signature
Name (In Capital Letters)	
(Official Seal)	
Designation	

Please delete the words, which are not applicable. Only True Copy/Attested True Copy of the Certificate attested by the Headmaster/Principal of school or Gazetted Officer be submitted.



# Non-Resident Indian (NRI) SPONSORSHIP CERTIFICATE

For admission of Mr./Ms.	to B	achelor of Physiotherapy Course at Amar Jyoti
Institute of Physiotherapy, Karkardoom	a, Vikas Marg, Delhi.	
1		
	(Name of Sponsor)	
Citizen of	Resident of	
		(Full Address & Country)
		at
and Valid Until	hereby Sponsor Mr.	/Miss
		(Full Address & Country)
	dooma, Vikas Marg, Delhi, India. I underta	e Bachelor of Physiotherapy Course at Amar ake full responsibility for payment of fees and
Mr./Ms		(Name of the Candidate)
is my		(write the relationship).
Date		
Signature & Seal of Authorized Notary		Signature of Sponsor
Name in Capital Letters		Name in Capital Letters
Full Postal Address :		Full Postal address :
		form

Note : This certificate is to be duly filled up and returned along with the application form.



## (For candidates appeared 12th class in March 2018)

۱		s/o, d/o Sh	hereby
deo	clare that I have not submitted the following do	cuments:	
1.	12th Pass Certificate		
2.	12th Mark sheet provided by CBSE/Online		

I will submit the above mentioned document/s before Saturday, 16th June 2018. I completely understand that if any information to be found wrong, the Institute have full authority to cancel my admission.

Signature of candidate