



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 2025-26

- NOTES : 1. THE APPLICATION FORM SHOULD BE SUBMITTED BY AUGUST 14, 2025 (Gen/SC/ST/OBC-NC/OH)
2. APPLICATION UNDER NRI SPONSORED CATEGORY CAN BE SUBMITTED UNTIL SEATS ARE FILLED

APPLICATION FORM (USE CAPITAL LETTERS ONLY)



Personal Information

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
| | | |

| | | | |
|---------------|--------|---------|--------|
| Date of Birth | | | |
| | (Date) | (Month) | (Year) |

| | | | |
|---------------------------|---------|----------|--------|
| Age as on 31st Dec., 2025 | | | |
| | (Years) | (Months) | (Days) |

| | | | |
|--------|------|--------|-------------|
| Gender | | | |
| | Male | Female | Transgender |



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: _____

(Signature of Applicant)

Place: _____

Name : _____

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 anti-ragging norm and sexual harassment policy of the Institution /University.

Date: _____

Place: _____

(Signature of Father/Mother/Guardian)

(Please tick)

Name : _____

Relationship : _____

(Duly filled Declaration is mandatory to be submitted.)