

Application Form No :-

(S.N.D.T. WOMEN'S UNIVERSITY, MUMBAI)

SHREE SWAMINARAYAN PHYSIOTHERAPY COLLEGE

N.H. No. 48, KADODARA CHAR RASTA,
Near Aklamukhi Hanumanji Temple,
Tal. : Palsana, Dist. Surat.
Ph. : (College) 9898844701 (Trust) 8128247107.

| | | |
|-------------|---------------------------------|--|
| FORM NO. 10 | Application Receipt No | |
| | Application Receipt Date & Time | |
| | Eligible / Non Eligible | |

ADMIT CARD

| | |
|---|--|
| Candidate Full Name | |
| Category SC/ST/SEBC/ Open/E.W.S./O.S. | |
| Nationality | |
| Language of Entrance test Gujarati/English | |
| Percentage (%) of P + C + B (Theory + Practical) | |

| | |
|----------------------------|--------------------------------|
| COLLEGE SEAL ON PHOTOGRAPH | AFFIX PASSPORT SIZE PHOTOGRAPH |
| RECEIVER'S SIGNATURE | |
| | SIGNATURE OF CANDIDATE |

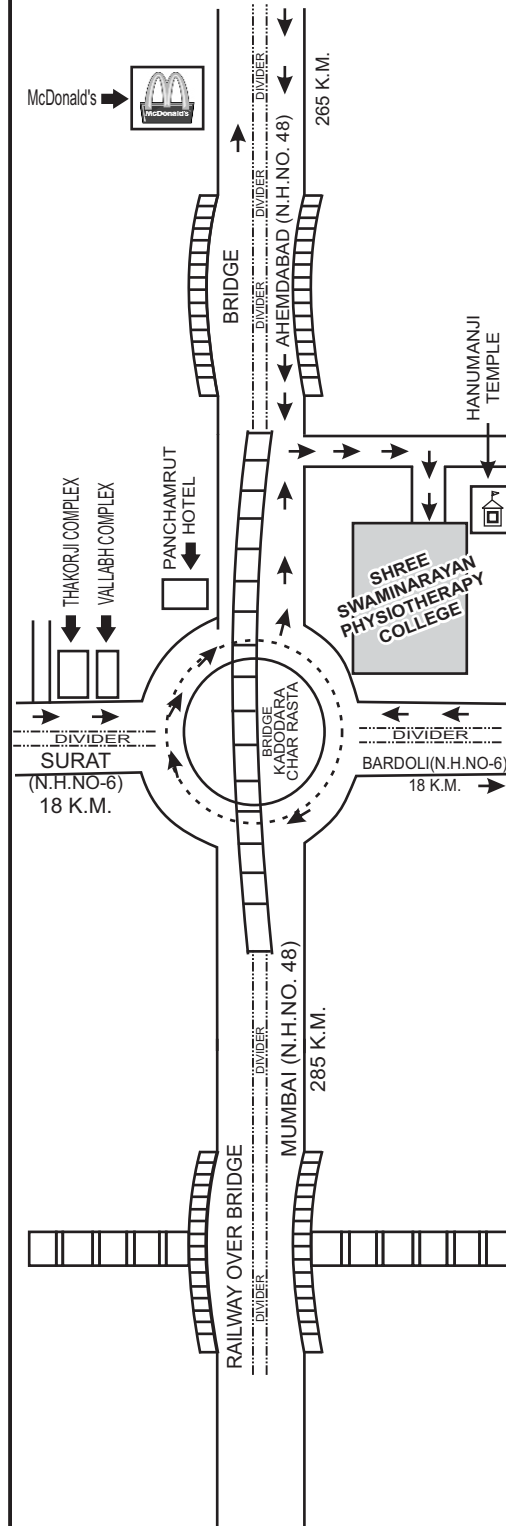
Received an application form. The entrance test will be conducted by S.N.D.T. women's University, Mumbai On _____, ____/____/____ at 10-30 a.m. Please quote your above form number as an examination number on answer book for Entrance Test. (SNDTCET)

-: Note :-

Candidate must have this admit card during Entrance Test.

(A)

SHREE SWAMINARAYAN PHYSIOTHERAPY COLLEGE LOCATION MAP



EASY TO REACH :

The college is 18 K.M. away from Surat Railway Station and situated at the National Highway Number 48, Kadodara Char Rasta, Near Aklamukhi Hanumanji Temple, Taluka - Palsana, District - Surat - 384 327 (Gujarat State) INDIA.

Ph. No.(College) +91-9898844701.
(Trust) +91-8128247107.

Email: ssptckadodara@gmail.com

(B)

11 Passport No. PAN Card No.

Aadhaar card No. - -

12 Willing to join Shree Swaminarayan Physiotherapy College, Kadodara, Surat (YES/NO)..

13 Willing to appear at Entrance Test in language of (1) Gujarati (2) English

* 14 Willing to join First Year of B. Physiotherapy Course on (Enter code number in square)

- A Payment Seat 14A
 B N.R.I. quota (As per norms of University/Govt. of Gujarat.) 14B

| Choice | Code No. |
|--------|----------|
| 1st | |
| 2nd | |

* Once choice is given in the said form will not be allowed to change in any case.

SEATS WILL BE DECIDED AS PER DECISION OF THE S.N.D.T. WOMEN'S UNIVERSITY AND FEES WILL BE DECIDED AS PER DECISION OF THE GOVT. OF GUJARAT

15 Educational Background :-

| Sr. No. | Particular | H.S.C. (12th) Examination or Equivalent | S.S.C. (10th) Examination or Equivalent |
|---------|--|---|---|
| A | Board from which qualifying Exam.passed with Address and State. | | |
| B | School from which qualifying Exam.passed with Address and State. | | |
| C | Date of Attendance (from School Leaving Certificate) | From | |
| | | To | |
| D | Month & Year of Passing | | |
| E | No. of Attempts | | |
| F | Examination Seat No. | | |
| G | Medium of Study | | |
| H | Result As per Marksheet | Marks obtained | |
| | | Out of | |
| | | Percentage(%) | |

16 FOR THOSE STUDENTS ONLY WHO HAVE PASSED H. S. C. EXAMINATION AT INTERVAL OF MORE THAN TWO YEARS AFTER PASSING S. S. C. E.

- (A) Date of passing S.S.C.E., Or equivalent exam. _____
 (B) Date and year of joining XI standard _____
 (C) Explanation for gap if any, before joining XI. _____
 (D) Date and year of passing XI standard _____
 (E) Date and year of joining XII standard (As per School Leaving Certificate) _____
 (F) Date and year of passing H. S. C. E. _____
 (G) Explanation for gap if any in passing H. S. C. E. at a later date. _____

[Note: Documents are to be attached in support (C) and (G)]

17 Legal Reservation Information :-

| | | | |
|----------------------------|--------|--------------------------------|--|
| Domicile of State | | <u>Category:</u> Open/Reserved | |
| If Reserved: SC/ST/OBC/EWS | | If Physically Challenged: | |
| <u>Religion:</u> | Caste: | Sub-Caste: | |

18 Other Information :-

| | | |
|--|--|--|
| Occupation of the Guardian: Service/Business/Profession/Farmer/Laborer/Retired | | |
| Relationship of Guardian with Applicant: | | Annual Income of the Guardian(Rs.): (Last financial year) |
| Student's Location Category: Rural / Urban / Tribal | | Mother Tongue: |
| Hobbies, Proficiency and other information: | | |
| Games and Sports participation: Level(e.g. College/State/National/International etc.) | | |
| Personal Identification Marks: (1) | | (2) |

DECLARATION FROM CANDIDATE

- 1 The above all the information supplied by me is correct to the best of my knowledge. I declare that I have passed Gujarat/Central H.S.C. Examination in June / October, at attempt.
- 2 I hereby declare that the above information furnished in the form is correct to the best of my knowledge and belief. I promise to abide by the rules of admission for the year which I have read in your prospectus and understood properly.
- 3 I hereby agree, if admitted to confirm to the rules and regulations at present in force of that may hereafter be made for the governance of the college and I undertake that so long as I be a student of the course I will do nothing either inside or outside the college that will interfere with the orderly governance and discipline of the institution.

Place : _____

Signature of Candidate

Date :/...../.....

DECLARATION FROM PARENTS / HUSBAND

- 1 I hereby declare that the above information furnished my daughter / wife in the form is correct to the best of my knowledge and belief. I promise to abide by the relevant rules for the year which I have read in your prospectus and understood properly.
- 2 I hereby agree, if admitted my daughter/ wife and to confirm and abide to the rules and regulations at present in force of that may hereafter be made for the governance of the college and I undertake that so long as be a student of the course.

Place : _____

Signature of Parents / Husband

Date :/...../.....

DOCUMENTS ARE TO BE ATTACHED

Tick [4] mark against the Attested copy of certificate, documents attached :-

- | | |
|---|--------------------------|
| 1 H.S.C.E. (12th) Mark Sheet | <input type="checkbox"/> |
| 2 H.S.C.E. passing certificate (issued by Concerned Board) | <input type="checkbox"/> |
| 2 H.S.C.E. attempt certificate | <input type="checkbox"/> |
| 3 School Leaving Certificate / Transference Certificate | <input type="checkbox"/> |
| 3A Evidence of place of birth where not shown in S.L.C. / T.C. in such case Provisional eligibility certificate is applicable. | <input type="checkbox"/> |
| 4 Copy of Birth Certificate (English) / Aadhaar Card / Driving License / Voters Card. | <input type="checkbox"/> |
| 5 XI Standard Exam passing Mark Sheet | <input type="checkbox"/> |
| 6 S.S.C.E. (10th) Mark Sheet | <input type="checkbox"/> |
| 7 S.S.C.E. attempt certificate | <input type="checkbox"/> |
| 8 S.S.C.E. passing certificate (issued by Concerned Board) | <input type="checkbox"/> |
| 9 Citizenship Certificate if applicable | <input type="checkbox"/> |
| 10 Copy(s) of passport(s) if held | <input type="checkbox"/> |
| 11 Caste Certificate (if applicable) from competent authority in prescribed proforma as per the Govt. of Gujarat. Social Welfare Deptt., Gandhinagar. | <input type="checkbox"/> |
| 12 In case of SEBC candidate, current year's certificate of parents regarding exclusion from creamy layer. | <input type="checkbox"/> |
| 13. Eligibility Certificate for Economically Weaker Sections (E.W.S.) as per norms prescribed vide Gujarat Government Resolution No. EWS/122019/45903/A. | <input type="checkbox"/> |

Note :- In the required caste of certificate it should be clearly mentioned that the candidate belongs to particular Caste / Tribal Community, as recognized by Govt. of Gujarat.

Signature of Candidate

MEDICAL CERTIFICATE OF FITNESS

BACHELOR OF PHYSIOTHERAPY COURSE

I have examined Kum. / Smt. _____
daughter of Shri _____ aged _____ years resident of _____

certify that, she is free for deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interfere with the efficiency of her work and found her possessing good health.

Mark of Identification: _____

Signature of Candidate:

(To be done in presence of the Medical Officer)

Impression of LEFT hand thumb
of candidate

Dated the ____/____/2023

(1) Dr's Signature _____

(2) Full Name and address _____

(3) Qualification (Minimum M.B.B.S.) _____

(4) Registration No. _____

(5) Seal

(6) Date ____/____/____

Note: Medical certificate by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within one year from the date of application.