## **Application Form**



## ANANYA COLLEGE OF PHYSIOTHERAPY, KALOL

Admission in First year B.P.T. KIRC Campus,Ahmedabad-Mehsana Highway, Kalol-382721 (N.G.)

Self attested

		(for Of	fice Us	e only)						Passport Size Photo
Appli	cation No:-	Merit No:-						Please paste,		
Form received by:-					Checked by:-					do not staple
Full Na	ame: (As Per HSC Mark Sh	eet in Block Letter)								
Gender	Code: (1) M-for male (2)									
. Date of Birth: (As per School Leaving Certificate)			D	 D	Y					
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Caste:	(1) Open (2) SC (3) ST (4) S	EBC:		7						
	of Qualifying Examination									
	rks obtained in	•								
Sr.	Name of the				Marks			arks		Medium of
No	Examination	Board/Unive	ersity	rsity Year		rks ined	Out of		Percentag	ge Instruction
1.	S.S.C.									
2.	H.S.C.									
3.	Others									
Addre	ss for Correspondence:	Phone:								
Signature of Guardian					Date Place					Signature of Candidat
	_									
List	of Documents to be at		opies O	_						
	]1.H.S.C. (12 <sup>th</sup> Standard	d) Mark Sheet		2.	S.S.C. (	(10 <sup>th</sup> S	tandar	d) Mark	Sheet	