

APPLICATION NO:



Suresh Brahm Kumar Bhatt

College of Physiotherapy
(Managed by AMC Medical Education Trust)
Sheth Vadilal Sarabhai Hospital Campus,
Ellisbridge, Ahmedabad – 380006
Ph. & Fax – 091-79-26583435

APPLICATION FORM FOR ADMISSION IN THE YEAR 2025 – 26

B.P.T. Course

LAST DATE FOR RECEIVING APPLICATION

19-11-2025 (upto 1:00 PM)

NAME _____
(Surname First)

FOR OFFICE USE ONLY

REGD.NO. : CATEGORY :

CATEGORY CLAIMED : OPEN/SC/ST/SEBC MERIT MARKS :

REMARKS : MERIT NO. :

RECEIVER'S SIGNATURE:

	Communication Address SBB College of Physiotherapy, V.S. Hospital Campus, Ellisbridge, Ahmedabad.380006
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**Paste Self Attested
Recent Passport
Size Photograph**

Application Form
B.P.T. COURSE ON
Academic Year 2025 -2026

Category : OPEN / SC / ST / SEBC

IMPORTANT:

- (1) Students should carefully read the rules for admission before submitting the application form.
 - (2) Every entry in the form must be completed in detail. Incomplete applications are liable to be rejected without any further communication.
 - (3) No application for admission will be considered unless it is accompanied by self attested copies of the certificates mentioned in Rule.
 - (4) Students should carefully read the rules for admission before submitting the application form.
In the event of anything stated therein being found factually or incorrect, the admission will be liable to be cancelled.
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A: APPLICANT'S DETAILS

1. Full Name: _____
(Surname) (First Name) (Middle Name)
2. Father's /Husband/
Guardian Name : _____
(Surname) (First Name) (Middle Name)
3. Present Address: _____
(Applicant) _____

4. Permanent Address: _____
(Applicant) _____

5. Telephone No & Area Code: (Mobile) : {_____} _____
{Residence} : {_____} _____
{Office} : {_____} _____
{FAX} : {_____} _____
- (Mandatory for correspondence)** (Local Contact Phone No.) _____
(Local Mobile No.) _____
(Whatts app No.) -----
Email Address _____
6. Sex : Male/Female
7. (a) Date of Birth : _____
(Date) (Month) (Year)
(b) Age in completed year: _____
(as on 31st December of this year)
8. Nationality : _____
9. Details of S.S.C. Examination (Std. X) or its equivalent passed by student:
(a) Name of Examination : (a) _____
(b) Name of Board : (b) _____
(c) Name of School : (c) _____
(d) Address of School : (d) _____

(e) Month & year of Passing : (e) _____

(f) Examination Seat No. : (f) _____

(g) Marks obtained : (g) _____

10. Details of H.S.C. Examination (Std.XII) or its equivalent passed by student:

(a) Name of Examination : (a) _____

(b) Name of Board : (b) _____

(c) Name of School : (c) _____

(d) Address of School : (d) _____

(e) Month & Year of Passing : (e) _____

(f) Examination Seat No. : (f) _____

(g) Marks obtained : (g) _____

(h) Number of attempts : (h) _____

11. Marks obtained at H.S.C.E. or Equivalent Examination:

* SUBJECT	THEORY MARKS	
	OBTAINED	MAXIMUM
1. Chemistry		
2. Physics		
3. Biology		
4. English		

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Dean/principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to the Rules and Regulations of the Physiotherapy College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Date:

Place:

Signature of the
Father/Guardian

Signature of the
Student

CHECK LIST

Please tick (✓) appropriate box of the documents you have submitted with this application.
(Attach only the attested photocopies in the sequence given below)

- | | | |
|----|--|---------|
| 1. | School Leaving Certificate or other document showing place of birth. | () |
| 2. | S.S.C.E. / Equivalent Examination Mark sheet. | () |
| 3. | S.S.C.E. / Equivalent Examination Attempt certificate. | () |
| 4. | H.S.C.E. / Equivalent Examination Mark sheet. | () |
| 5. | H.S.C.E. / Equivalent Examination Attempt Certificate. | () |
| 6. | Any other (Please specify the document): | |
| | (a) _____ | () |
| | (b) _____ | () |
| | (c) _____ | () |

Date:

(Signature of Candidate)