



**PGP COLLEGE OF PHYSIOTHERAPY
AND RESEARCH INSTITUTE
NAMAKKAL - 637 207**



(Approved by Govt. of Tamilnadu G.O (MS) No. 400, Affiliated to The Tamilnadu Dr. MGR Medical University, Chennai)

Phone: 8939833471 Email: physio@pgpews.in

APPLICATION FOR ADMISSIONS IN B.P.T DEGREE COURSE – 5 Years

(To be filled in CAPITAL LETTERS by the candidate)

APPLICATION No.:

PASSPORT
SIZE
PHOTOGRAPH

Name of the Applicant _____

Course Offered:

☐ B.P.T

Quota:

☐ GQ ☐ MQ



**PGP EDUCATIONAL AND WELFARE SOCIETY
CHENNAI – 600 034**

1. Name of the applicant: _____
(As given in the School Leaving Certificate)

2. Date of Birth & Age: _____ Gender (M/F): _____
(DD/MM/YY)

3. Blood Group: _____

4. Father/Guardian's Name: _____

5. Mother's Name: _____

6. Parent's Occupation & Annual Income: _____

7. Nationality & Religion: _____

8. Category & Caste: _____
(BC/MBC/DNC/SC/ST/OBC/GEN Attach Proof)

9. Mother Tongue: _____

10. Aadhar Number: _____

11. Whether First Graduate (Attach Proof): Yes / No

12. Do you require Hostel Accommodation: Yes / No

13. Do you require college Transportation: Yes/No
(If yes, fill the next column)

14. Place of boarding the college Bus:

15. Permanent Address of Parent/Guardian:

16. Present Address of Parent/Guardian (If Applicable):

17. Telephone Number:

Father No. _____ Mother No. _____

Applicant Number: _____

18. Email: _____

19. Marks obtained in HSC or Equivalent Examination (Attach proof)

Subjects	Registration Number	Month & Year of Passing	Marks Obtained	Maximum Marks	P/C/B or B/Z Cut off mark (for GQ only)
Physics					
Chemistry					
Biology					
Botany					
Zoology					
Mathematics					
Total & Percentage					

DECLARATION BY THE CANDIDATE

I _____ S/o/D/o _____
have carefully read the details regarding the admission to the B.P.T Course and agree to abide by the rules and regulations of the college. I declare that the information provided by me in this application is true and correct to the best of our knowledge. In all matters regarding my admission to the course, the decision of the PGP College of Physiotherapy and Research Institute, Namakkal – 637 207 is final and I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the courts of the city of Namakkal or the Honorable High Court of Tamilnadu.

Date:

Place:

Signature of the candidate

DECLARATION BY THE PARENT/GUARDIAN

I _____ F/o/M/o/G/o _____
declare that the information provided in this application is true and correct to the best of my knowledge. In case of any information furnished above is found incorrect I agree to forgo my claim of admission. The original certificates will be produced at the time of admission on demand.

I further undertake that my ward will not involve in any ragging activities in college and Hostel premises. I understand and accept that disciplinary action and legal case will be filled against my ward if he/she indulges in ragging.

Date:

Place:

Signature of the Parent/Guardian

OFFICE USE ONLY (Not to be filled by the candidate)

Roll No./Admission No.:

Date of Admission: