



# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

(Deemed to be University)

(Declared as Deemed-to-be University under Section 3 of the UGC ACT 1956)

Conferred 'A' Grade Status by H.R.D Ministry, Govt. of India

Re-accredited by NAAC (3<sup>rd</sup> Cycle) with 'A+' Grade

Sawangi (Meghe), Wardha

Ph.No.07152-287701-05 Email : Info@dmimsu.com Website : www. dmimsu.edu.in

Constituent College : **Ravi Nair Physiotherapy College,**  
Sawangi (Meghe), Wardha

## Application Form for Admission to Master Degree Course in Physiotherapy (M.P.T) 2018 - 2019

Affix passport  
size  
Photograph

To

The Competent Authority,  
Datta Meghe Institute of Medical Sciences (Deemed University),  
Sawangi (Meghe),  
**WARDHA.**

Sir,

**I wish to apply for admission to Master Degree Course in Physiotherapy (M.P.T)**

The information submitted below by me, is true to the best of my knowledge and belief.

**1. Course to which admission is sought: Master Degree Course in Physiotherapy (M.P.T)**

- 1) Musculoskeletal Physiotherapy**
- 2) Neuro Physiotherapy**
- 3) Cardio Vascular & Respiratory Physiotherapy**
- 4) Community Health Physiotherapy**

Give Preference as per your choice

\_\_\_\_\_

2. Name \_\_\_\_\_

(First)

(Middle)

(Surname)

3. Address for Correspondence (with Pin Code) \_\_\_\_\_

4. Telephone No. with STD Code : (O) \_\_\_\_\_ (R) \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile No. : \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ 6. Sex: Male/Female 7. Martial Status : Single/Married

8. Religion : \_\_\_\_\_ 9. Caste: \_\_\_\_\_ 10. Nationality \_\_\_\_\_

11. Whether belongs to reserved Category : **YES/NO** Category \_\_\_\_\_

12. Month and Year of passing of B.P.Th. Examination: \_\_\_\_\_

13.

Marks obtained in MHPGP CET-2018	Maximum Marks	Marks Obtained
	100	

## UNDERTAKING

Name of the Student : \_\_\_\_\_

Academic Session : 2018 - 2019

I \_\_\_\_\_ D/S/O \_\_\_\_\_

Resident of \_\_\_\_\_ State of \_\_\_\_\_

\_\_\_\_\_ duly do hereby covenant that :

- (i) I have carefully read the concepts and rules regarding my admission to Master Degree Courses in Physiotherapy (M.P.T) in Datta Meghe Institute of Medical Sciences (Deemed University), Sawangi (Meghe), Wardha. I fully understand that my admission is provisional and is subjected to final approval and enrolment by the University.

I hereby agree to abide by the terms and conditions or the rules pertaining to admission as Prescribed by the competent authorities and admit that they are binding upon me legally and Legitimately.

- (ii) I undertake to pay the fees fixed by the Competent Authority, Datta Meghe Institute of Medical Sciences (Deemed University), Wardha.

- (iii) I undertake to see daily notices exhibited on the noticed Board of the college, observe and maintain a strict discipline as the student, and otherwise, in the college premises including hostel and campus.

**(Signature of Parent)**

**(Signature of student)**

**Copies of Certificate Required:- Xerox with application. Original at the time of admission**

1. S.S.C./Xth or equivalent examination Mark sheet.
2. S.S.C./Xth Board Certificate.
3. H.S.C. or equivalent examination Mark sheet.
4. H.S.C. Board' Certificate.
5. B.P.Th Mark Sheets (Four years)
6. Internship Completion Certificate
7. Degree Certificate
8. Migration Certificate.
9. College Leaving Certificate from previous college
10. Nationality Certificate.
11. MH PGP CET Marks sheet