



SRI LAKSHMI VENKATESWARA COLLEGE OF PHYSIOTHERPY



KOTHAPETA, PEDDASETTYPALLI, PRODDATUR - 516360

(APPROVED BY AILED HEALTH SCIENCES, AFFILIATED BY DR.NTR UNIVERSITY VIJAYAWADA)

APPLICATION FOR ADMISSION TO BACHELOR OF PHYSIOTHERPY COURSE

Candidate Details (ALL THE ENTRIES IN THE FORM SHOULD BE IN CAPITAL LETTERS ONLY)

Affix recent
Passport
Size
Photo with
Name and
Date

1. Candidate's Name: (As given in 10th/+2 certificate) :
2. Father's / Mother's / Guardian name :
3. Gender :Male..... Female.....
4. Date of Birth :Date..... Month..... Year.....
5. Age :
6. Community :
7. Nationality :
8. Address for Communication :
.....
.....
.....
.....
- District :
- State :
- Pincode :
9. Date of Admission :
10. Mobile No.of Student :
11. Aadhar No :



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PARENTS DETAILS

12. Father's Details

- a) Name :
- b) Profession :
- c) Contact No. :
- d) Signature :

13. Mother's Details

- a) Name :
- b) Profession :
- c) Contact No. :
- d) Signature :

14. Guardian (Brother/ Sister)

- a) Name :
- b) Profession :
- c) Contact No. :
- d) Signature :

If any change on the above communication details should be updated.



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DECLARATION BY THE CANDIDATE

1. **Mr./Ms. hereby affirm that the information furnished by me in this application and the enclosures are true. I know that if the information furnished by me is untrue, my seat will be forfeited**
2. **I will not indulge in any form of ragging. I know it is a criminal offence and if found guilty, I will be summarily dismissed.**
3. **I am liable to pay the balance of fees calculated for the entire course, In case I discontinue the course or I am expelled from the college for any reason .**
4. **I shall abide by all the rules and regulations of the college that may be framed from time to time**
5. **In all matters regarding my admission to UG course, the decision of the college is final and binding on me.**
6. **I abide to pay the academic year's fees , every year on before the examination date, failing which, I understand that I will not to be permitted to take examination hall ticket until I pay the prescribed fees for the Seam /Year.**

**Left & Right thumb
Impression of the application**



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15. Please enter the percentage of marks scored in Qualifying exam (Please don't enter % symbol)

Exam Passed	Name of school/Bord/University	Year of passing	Medium of Instruction	% of Marks obtained in Aggregate of all in Aggregate of all Subject
Class SSLC (10 th)/Equivalent				
HSC (+2)/Equivalent				
Any other				

16. Please enter the Marks scored and percentage in HSC (+2)/ equivalent Qualification exam (Please don't enter % symbol)

Subject	Maximum Marks	Obtained Score	% of Marks
English			
Physics			
Chemistry			
Biology			
Botany			
Zoology			

17. Please enter the Marks Scored in EPACET (UG) Examination

EPACET Subject Score	Percentile
Physics	
Chemistry	
Biology	
Botany	
Total Marks (out of 160)	
Total Percentile	



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DECLARATION BY THE PARENT/GUARDIAN

1. **Mr./Ms. Hereby affirm that the information furnished in my Son's/Daughter's/ ward's application and in the enclosures are true. I know that if the information furnished by my Son/Daughter is found to be untrue, my Son's/Daughter seat will be forfeited**
2. **I know ragging is a criminal offence and shall take steps to prevent my Son/Daughter from indulging in it. I also know that if He/She is found guilty of the offence, He/She will be summarily dismissed from the college.**
3. **I am liable for payment of the balance of fees calculated for the entire course, In case my Son/Daughter discontinues the course or I am expelled from the college for any reason.**
4. **I am also aware that once the candidate is admitted the course, no refund of fees either in full or part thereof will made, for any reason.**
5. **I abide to pay the academic year's fees , every year on before the examination date, failing which, I understand that I will not to be permitted to take examination hall ticket until I pay the prescribed fees for the Seam /Year.**

Place :

Date :

Signature of Parent/Guardian

(Declaration to be signed by the Guardian, only in case of both father and mother of the candidate being not Present)



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CERTIFICATE VERIFICATION FORM

1. Name of the student (In Block Letter) :
2. Date of Birth : Date..... Month..... Year.....
3. Marks obtained in the 12th examination :
4. Year of Passing :
5. Community :
6. Nationality :
7. **Original certificates produced at the time of Admission :**

Sl.No	Name of the required document / certificate	Yes/No
1.	NEET/ EPACET Entrance Exam Hall Ticket	
2.	NEET/ EPACET Score Statement	
3.	Provisional Allotment Letter	
4.	10 th Mark Sheet	
5.	12 th Mark sheet	
6.	Transfer Certificate (INTER)	
7.	Conduct Certificate (Study Certificate.6 th -10 th & Inter)	
8.	Community Certificate(CASTE)	
9.	Migration Certificate (If Necessary)	
10.	Candidate's & Parent's aadhar card Copy	
11.	Photos 10 (Behind in the photos write the name of the student)	

Signature of the student

Signature of the Original Certificates
Verification by the Principal

Signature of Dean