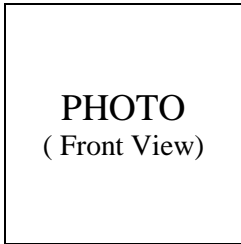


Application No...../2017

**BCF COLLEGE OF PHYSIOTHERAPY
INDO-AMERICAN HOSPITAL
(A unit of Bahuleyan Charitable Foundation)**

Chemmanakary, Vaikom, Kottayam - 686143
Tel: 04829 271300. E-mail: bcfphysiotherapy@gmail.com
Website: www.bcfcollegeofphysiotherapy.com

Application for Admission under the Management/Government/NRI Quota to the
B.P.T. Course for the year 2017-2018



1	Name of the Applicant (in block letters)							
2	Age and Date of Birth							
3	Sex							
4	Marital Status				Married / Unmarried			
5	Religion & Caste, and Nationality							
6	Encircle the category you belong to				SC/ ST/ OBC/ OEC/GENERAL			
7	Educational Qualification							
8	Number of Appearance in Qualifying Exam.							
	Marks secured in Qualifying Exam.	Physics	Chemistry	Biology	Science Subject Total	English	Grand Total	Grade
	Total Marks							
	Marks Secured							
	%							
9	Particulars of other qualifications, if any; sports/games and other extra curricular activities							
10	Address of the College/HSS where the applicant last studied [Enclose copy of T.C.]							
11	Name of Father, and Occupation							
12	Name of mother, and Occupation							
13	Permanent Address & Tel. No. with STD code/Mobile Phone No.							
14	Present Address & Tel. No. with STD code/ Mobile Phone No.							
15	Name and Address of Guardian							
16	Relationship of applicant with Guardian							

17	Whether the applicant requires hostel accommodation	Yes / No
18	Whether applying for open management Quota/NRI quota Seat	

Declaration by the Applicant

I, hereby declare that I have carefully gone through the Prospectus and I promise to abide by the rules and regulations. I further declare that I have no Physical or Mental disabilities that disqualify me for admission. The statements made by me in this application and the documents produced in support thereof are true to the best of my knowledge. I also declare that I will not involve in any activity related to indisciplinary action and ragging and if found involved, I am ready to accept any punishment imposed, on me by the authorities.

I Mr./Ms..... Roll No.....program BPT student of BCF College of Physiotherapy do hereby undertake .

1. That I have read and understood the directives of the Hon'ble Supreme Court of India on anti-ragging and the measures proposed to be taken in the above references. (Available at <https://antiragging.in/>).
2. That I understood the meaning of Ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of law.
3. That I have not been found or charged for my involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/legal proceedings including expulsion from the institute if the above statement is found to be untrue or the facts are concealed, at any stage in future.
4. That I shall not resort to ragging an any form at any place and shall abide by the rules/laws prescribed by the Courts, Govt.of India and the Institute authorities for the purpose from time to time.

Name & Signature of the Student.....

I hereby fully endorse the undertaking made by my child/ward

Signature of Mother / Father and or Guardian

Name and Address

Place:.....

Date:.....

Witness:.....

Note: *The duly filled in application and supporting documents should along with self-addressed intimation card reach this office on or before 15.06.2017, 4 PM*

FOR OFFICE USE ONLY

Verified and found correct Rank.....

Admission details Marks obtained.....

Admission number.....dt.....Category.....

College Fee paid..... Hostel Fee paid.....

Rt. No.....dt..... Rt.No.....dt.....