



**GOA COLLEGE OF PHYSIOTHERAPY
NATUROPATHY AND YOGIC SCIENCE**

REG. NO.: 16/GOA/2015

OFFICE USE ONLY

Reg. No :

Course Name :

Academic Year:

COURSE APPLIED BNYS B.P.T

ADMISSION FORM FOR UG COURSE

MR/MRS/MS/MISS

FIRST NAME

LAST NAME

DATE OF BIRTH (DD/MM/YYYY)

MOBILE NO

EMAIL

ADDRESS

HOME NO

PINCODE

FATHERS NAME

OCCUPATION

MOTHERS NAME

OCCUPATION

AADHAR CARD NO

STATE OF DOMICILE

PAN NO

RELIGION

RESERVED CATEGORY (TICK APPLICABLE)

SC / ST / OBC / SBC / EWS / MINORITY

PARENT/ GUARDIAN DETAILS

MR/MRS/MS/MISS

FIRST NAME

LAST NAME

ADDRESS

MOBILE NO

HOME NO

ACADEMIC DETAILS

DETAILS OF THE QUALIFYING EXAMINATION

NAME OF THE EXAMINATION

AFFILIATED BOARD/UNIVERSITY

REGISTERED NUMBER:

MONTH & YEAR:

MEDIUM OF INSTRUCTION:

NAME OF THE COLLEGE

MARKS OBTAINED IN QUALIFYING EXAMINATION

	YEAR OF PASSING	MARKS OBTAINED	MAX MARKS
PHYSICS			
CHEMISTRY			
BIOLOGY			
ENGLISH			
TOTAL			

NATIONAL ELIGIBILITY CUM ENTRANCE TEST (UG) SCORE

	PERCENTILE MARKS	TOTAL MARKS	RESERVED CATEGORY
PHYSICS			
CHEMISTRY		NEET AIR RANK	RESERVED CATEGORY RANK
BIOLOGY			
TOTAL			

DECLARATION

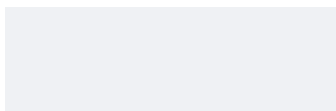
UNDERTAKING BY STUDENT

I understand that the admission is provisional and subject to approval by the Goa College of Physiotherapy Naturopathy & Yoga Science

I promise to abide by the Rules and Regulations of the College, Hospital and Hostel.

I am informed that unless I appear for the Internal Assessment Tests and pass them, my progress will not be considered satisfactory. Unless I have 80% attendance, I will not be eligible to appear for the University Examinations.

I agree to these conditions.



Signature of the Applicant

Date:

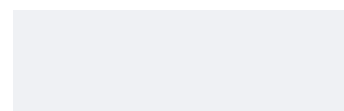
Name of the student:

Father's Name:

Address:

UNDERTAKING BY PARENT/GAURDIAN

In the event of the applicant who is my son/daughter/ward, being admitted to the Institution, I hereby give the undertaking to pay regularly all his/her fees due to the institution till his/her completion of the studies. I also undertake to be responsible for his/her conduct and discipline.



Signature of the Parent/Legal Guardian

Date:

Name: