



**INDUTAI GAIKWAD – PATIL COLLEGE OF
PHYSIOTHERAPY, NAGPUR**

Regd No.: F-3273 (Chandrapur) | Affiliated to MUHS Nashik
Dhuti, Near Dongargaon, Wardha Road (NH-44), Nagpur - 441108
Mobile: 97637 11372 | Email: niharikacollegeofphysio@yahoo.in

Admission Form for Course BPT 1st Year **Academic Session 2026-2027**



Form No. _____

Permanent Registration No.[illegible]

Admitted Category													
Candidate Category													
Student Signature													
	ABC ID NO (12 Digit Numer)												

(√) Right Tick Admitted Quota CAP State Quota Round Stray Vacancy Round Institutional Quota (85%) Management Quota (15%)	Affix Passport size Colour Photograph (Latest of Three Months)
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|----|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. | Name of the Student as it appears in H.S.C. Board Certificate (In Capital Letter) | : | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 2. | Address for Correspondence | : | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Pin Code | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Candidate Belong to (Rular Area / Urban Area) | : | | | | | | | | | | | | | |
| 3. | Date of Birth (DD/MM/YYYY) | : | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Telephone No. (with STD CODE) | : | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Mobile No. | : | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
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| | E-mail-ID | : | | | | | | | | | | | | | |
| 4. | Nationality : INDIAN | | Religion : _____ | | | | | | | | | | | | |
| | Caste & Sub Caste : _____ | | | | | | | | | | | | | | |
| 5. | Aadhar Card No. (12 Digit Number UID) | : | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
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| 6. | Name of Previous School/College | : | | | | | | | | | | | | | |
| 7. | S.S.C./X/Matric marks as per Mark Sheet | : | Total Marks _____ Marks Obtained _____ | | | | | | | | | | | | |
| | Seat No/ Roll No : _____ | | Percentage _____ Medium : _____ | | | | | | | | | | | | |
| | Board/ University | : | | | | | | | | | | | | | |
| | Passing Month & Year : _____ | | Exam Passing Attempt : _____ | | | | | | | | | | | | |
| | H.S.S.C./XIIth marks as per Mark Sheet | : | Total Marks _____ Marks Obtained _____ | | | | | | | | | | | | |
| | Seat No/ Roll No : _____ | | Percentage _____ Exam Pattern _____ | | | | | | | | | | | | |
| | Board/ University | : | | | | | | | | | | | | | |
| | Passing Month & Year : _____ | | Exam Passing Attempt : _____ | | | | | | | | | | | | |

S.N	Subject	Total Marks	Marks Obtained	Percentage	Total PCB Marks	PCB Percentage
a.	English					
b.	Physics (P)					
c.	Chemistry (C)					
d.	Biology (B)					

NEET-20____ Roll No. _____

NEET-20____ Marks: _____

NEET-20____ All India Rank(Overall Rank) : _____

NEET-20____ State Rank : _____

**Other Education Qualification
(If Any after H.S.C)**

University _____

Migration No. _____

Exam Details:(Attach Mark sheets Xerox Copy with Admission Form)

Parents Details

Name of Father : _____

Name of Mother : _____

Profession / Occupation – Father : _____

Profession / Occupation – Mother : _____

Mobile No. : _____

Father Mo.

--	--	--	--	--	--	--	--	--	--

Mother Mo.

--	--	--	--	--	--	--	--	--	--

E-mail Id – Father : _____

E-Mail Id _ Mother : _____

Address : _____

Pin Code

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Parents Annual Income : _____

If you have any serious medical problems, please mention : _____

Hostalite/ Non Hostalite : _____

Declaration

All the information given above is true to the best of my knowledge and belief. I further understand that in case if the above information is found to be incorrect or false, my admission will automatically stand cancelled.

Signature of Parent/Guardian

Signature of Student

Encl.: All original certificates & 2 photocopies each as per Check List.