

PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK

Application form for the Academic Session 2020

MPT COURSE

Space for
Affixing latest
selfattestedphoto
graph

1. Full name :
(in block letters)
2. Sex :
(Male/Female/Transgender)
3. Category :
(Gen/SC/BC of Haryana only)
4. (i) Father's name:
(in block letters)
- (ii) Mother's name:
(in block letters)
5. Date of Birth:
(dd/mm/yy)
6. Full Postal Address:

Pin Code.....Contact No.

Email ID

7. Details of Academic/Professional qualifications:-

Name of Class	Name of School/ College/ Uni. where studied	Roll No.	Month & Year of passing the Exam.	Name of Board/ Univ.	Marks Obtained	Max Marks	% Marks
10 th							
12 th							
BPT 1 st yr.							
BPT 2 nd yr.							
BPT 3 rd yr.							
BPT 4 th yr.							
Any other							

8. List of documents attached.

- i. ii.
iii. iv.
v. vi.
vii. viii. Demand Draft No. Amount

Declaration:-

I (Candidate) son/ daughter of
Shri. and
Smt..... resident of
..... do solemnly declare and affirm as under:-

- i. The information given in the application form is absolutely correct and true.
- ii. I undertake that if I am admitted, I will strictly obey all rules and regulations in force at present or that may be imposed hereafter by the college for orderly administration and discipline.
- iii. If at any time subsequent to my admission, it is discovered that any information given in this application or in the attached certificate or in documents produced hereafter is false, I may be removed from the college and all fees paid by me confiscated. The authorities may also take any further action against me or my father/ guardian as they deem fit.
- iv. In case I get admission in MPT Course. I shall abide by the decisions of the University/ Institution regarding payment of fee etc.
- v. I am fully aware of the law regarding ragging as well as the punishment and that if found guilty on this account I am liable to be punished appropriately.

Signature of the applicant

Signature of Father/ Guardian

Date

Date

Place

Place

Candidate's Both thumb impressions



Left



Right

PT. B. D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK

Acknowledgement Card

Dairy No.

Dated

Receipt of your Application Form for admission to MPT Course 2020-21 is hereby acknowledged.

Authorized Signatory
Pt. BDS UHS, Rohtak