



## Akhil Gujarat Swanirbhar Physiotherapy Colleges Sanchalak Mahamandal

(Reg. No. : E / 19544 / A'bad. Dt. : 29-3-2011)

Email : agspcam@gmail.com

Application Form No. :

Admission Committee User ID :

Passport size  
Photograph

Admission Committee General Merit No. :

### APPLICATION FORM FOR ADMISSION TO FIRST YEAR B.P.T. COURSE (2025 - 2026) (MANAGEMENT QUOTA)

	(Surname)	(Name)	(Father's name)
Name of applicant :	<input type="text"/>	<input type="text"/>	<input type="text"/>

(In Capital Letters and as per Qualifying Examination Mark Sheet)

1. Board from which Qualifying Examination passed. Enter the code

[For Gujarat 1, Central Board (School in Gujarat) 2, Council (School Located in Gujarat) 3, others 4]

2. Board Exam Seat No.

Month and Year of passing

3. Applicant's Full Name (as per Qualifying Examination Mark Sheet, leave a blank box after each word) :

4.

Sex	<input type="text"/>	Birth Place	<input type="text"/>	Category	<input type="text"/>	Date of birth (As per 10th passing certificate)		
	Code		Code		Code	Date	Month	Year
Male	1	India	1	Open	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female	2	Foreign	2	SC	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
				ST	3			
				SEBC	4			

Price : 5000/-

5. Marks Obtained in Qualifying Examination :

12th Marks Details					
12th Exam Total Marks (Obtained / Out of)					
All Subject			English		
Physics (Theory) OBTAIN / OUT OF	Chemistry (Theory) OBTAIN / OUT OF	Biology (Theory) OBTAIN / OUT OF	Physics (Practical) OBTAIN / OUT OF	Chemistry (Practical) OBTAIN / OUT OF	Biology (Practical) OBTAIN / OUT OF
/	/	/	/	/	/

6. Write your full address for correspondence :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN CODE : \_\_\_\_\_

Mobile Phone No. (compulsory) +91 \_\_\_\_\_

+91 \_\_\_\_\_

(Please give a Mobile Contact No. for faster communication. In case of change in address or Contact No., kindly inform us in writing.)

**List of SELF - ATTESTED copies of documents to be attached in the order as given :**

**Necessary Encloses :** (Please ✓ in the appropriate box)

1. ☐ 10th Mark Sheet
2. ☐ 12th Mark Sheet
3. ☐ School LC of 12th standard

Signature of Parent / Guardian

Date and Place

Signature of Candidate

**FOR OFFICE USE ONLY**

**Form Submitted College Name & Address.**

College Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

College Stamp & Sign