



Akhil Gujarat Swanirbhar Physiotherapy Colleges Sanchalak Mahamandal

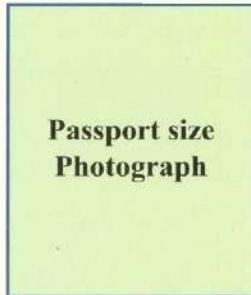
(Reg. No. : E / 19544 / A'bad. Dt. : 29-3-2011)

Email : agspcam@gmail.com

Application Form No. :

Admission Committee User ID :

1000



Admission Committee General Merit No. :

ANSWER

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

(Surname)

(Name)

(Father's name)

Name of applicant :

i

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

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)

- 10th Mark Sheet
- 12th Mark Sheet
- 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