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

(2026 - 2027)

(MANAGEMENT QUOTA)

	(Surname)	(Name)	(Father's name)
Name of applicant :			

(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	Code	Birth Place	Code	Category	Code	Date of birth (As per 10th passing certificate)
Male	1	India	1	Open	1	Date
Female	2	Foreign	2	SC	2	Month
				ST	3	Year
				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