



# Apollo College of Physiotherapy

Apollo Knowledge city campus  
Murukambattu, Chittoor.

Phone: 08572- 246 666(ext-231), Fax No: 08572- 245855

Email ID: principal\_physio@aimsrchittoor.edu.in

## Application Form for Admission

**Admission into I - BPT Course for the Academic Year 2020-21**

**Admission Category: Convenor/Management**

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Application No:
Admission No:
Date of Admission:

1. FULL NAME (In Block Letters as in Intermediate Certificate)					
2. Father / Guardian's Name					
3. Mother's Name					
4. Sex	Male <input type="checkbox"/>			Female <input type="checkbox"/>	
5. Place of Birth					
6. Date of Birth and Age					
7. Nationality					
8. Social Status	OC	BC	SC	ST	Minority
	Sub Caste:				
9. Mother Tongue					
10. Occupation & Annual Income of Father					

11. Occupation & Annual Income of Mother	
12. a. Permanent Address with mobile number	b. Present Address with mobile number
District	
State	
PIN Code	
Emergency Contact No's:	
Father/ Mother Contact No.	
Student Contact No.	
13. Identification Marks	1.
	2.
14. Hostel Facility Required	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Signature of the Applicant**

**EDUCATIONAL QUALIFICATIONS:**

Description of Course	Medium of Instruction	School / College	Year of Passing	Board / University	Percentage of Total Marks
SSC / Its equivalent					
Intermediate Its equivalent					
Degree ( If any)					

**MARKS OBTAINED IN INTERMEDIATE COURSE / ITS EQUIVALENT:**

Subject	1 <sup>st</sup> Year	2 <sup>nd</sup> year	Practical
Botany			
Zoology			
Physics			
Chemistry			

**EAMCET EXAMINATION PARTICULARS:**

1. Hall Ticket Number	
2. Marks Scored	
3. Rank Number	

**Signature of the Applicant**

## **DECLARATION/UNDERTAKING**

I hereby declare that the information given above is true to the best of my knowledge. I have also read and understood rules and regulation. I undertake that will not cause disrespect or loss of reputation by indulging in malpractices, immoral or illegal acts which amounts to indiscipline, warrants are dismissal from the college.

**Signature of the Applicant**

**Signature of the Parent**