



Apollo College of Physiotherapy

Apollo Knowledge city campus
Murukambattu, Chittoor.

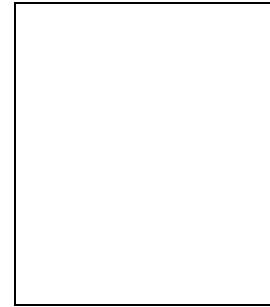
Phone: 08572- 246 666(ext-231), Fax No: 08572- 245855

Email ID: principal_physio@aimsrchittoor.edu.in

Application Form for Admission

Admission into I - BPT Course for the Academic Year 2021-22

Admission Category: Convenor/Management



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 st Year	2 nd 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