



# COLUMBIA COLLEGE OF PHYSIOTHERAPY

( Recognized by Government of Karnataka, RGUHS Bangalore, IAP )

#71, Mariyappanapalya, Gnanabharati Post Kengeri Hobli, Bangalore - 560 056

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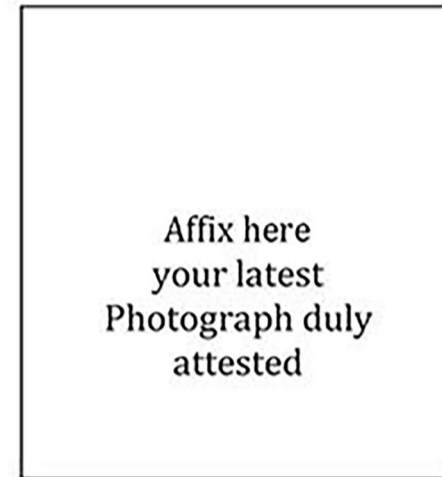
www.columbiacollege.co

**APPLICATION NO:** \_\_\_\_\_

Application for admission to **Four Years & Six Months Bachelor of Physiotherapy (B.P.T)** for the academic year 2022-23. To be filled by the candidate.

**Name and Address of the Candidate:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Telephone No.** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

To:

**The Chairman**

**Columbia College of Physiotherapy**

#71, Mariyappanapalya,

Gnanabharati Post Kengeri Hobli,

Bangalore - 560 056

## DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application form is true to the best of my knowledge.

I have read and understood its prospectus and I hereby undertake to abide by all the rules and regulations mentioned in the Prospectus of **College of Physiotherapy for Four Years & Six Months Basic Bachelor of Physiotherapy** Course for the year 2022-23.

I also agree to follow the discipline of the college and promise not to indulge in any form of indiscipline that brings down the name of the Institution **College of Physiotherapy and Physiotherapy Profession**

Dated: \_\_\_\_\_

Signature of the Candidate

\_\_\_\_\_  
Signature of the Parent/Guardian

Name & Address \_\_\_\_\_

(Relationship) \_\_\_\_\_

**PERSONAL DATA**

- 1. Name of the Applicant in full  
(Block letters) As per S.S.L.C. Record :
- 2. Full Name of Father :
- 3. Full Name of Mother :
- 4. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Gender :
- 6. Age & Date of Birth :
- 7. Religion & Sub Caste :
- 8. Denomination/Caste  
Catholic/Protestant/ Jacobite/Marthomite :
- 9. Nationality :
- 10. State to which you belong :
- 11. Mother Language :
- 12. Languages known to speak :
- 13. Blood Group :
- 14. Aadhar Number :
- 15. Health Condition (mention if any history of chronic  
illness or Physical defect is present) :
- 16. Address to which correspondence has to be sent : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Pin code \_\_\_\_\_
- 17. Telephone No. : (R) \_\_\_\_\_  
Mobile \_\_\_\_\_
- 18. E-mail :

# ACADEMIC RECORD

CLASS (I to XII)	Institution/ School	Year	Place of Study	State	Country
I					
II					
III					
IV					
V					
VI					
VII					
VIII					
IX					
X					
XI					
XII					

## XII / PUC Marks

Subject	Max Marks	Marks Obtained	Percentage
Physics			
Chemistry			
Biology			
<b>TOTAL</b>			

## ANY OTHER:

Course	Institution School/Board	Year/ Attempt	Subjects	Marks Obtained	Division Of pass	Place of Study	Country

Details of Extra Curricular Activities if any \_\_\_\_\_

Hobbies \_\_\_\_\_

Do you need Hostel accommodation?: Yes / No Please tick (√) mark

## BRIEF FAMILY HISTORY

	NAME	Age	Living/ Dead	Qualification	Occupation	Income	Health Status
Father/Husband/ Guardian:							
Mother/Wife:							
Brothers/Sisters:							

P.N.: 1. Indicate the names of parents and siblings in the columns above.

2. Strike off what is not applicable.

### ATTESTED COPIES OF CERTIFICATES AND OTHER ENCLOSURES REQUIRED: (Do not enclose originals)

a. Marks Card : SSLC Marks Card

XII Std. / II P.U.C

Higher qualification if any

b. Transfer Certificate

c. Migration Certificate (Non Karnataka students)

d. Medical fitness Certificate from a registered Medical Practitioner.

e. Submit a Identification proof (Voter ID/ Pan Card/ Passport/Driving License/ **Aadhar Card**)

**N.B:** 1. Application accompanied by the above mentioned certificates only will be considered.

2. All the certificates should bear the same name, as per S.S.L.C. Certificate.

3. **INDICATE IF N.R.I.(Non Resident Indians) SEAT IS DESIRED. YES / NO.**

**N.R.I seat can be obtained on payment of NRI fees even if the candidate or family is not N.R.I.**