



7. I appeared for this examination in the month of .....200 for the first time and I have not appeared for the said examination more than SIX / FOUR OCCASIONS, I reappeared for the said examination as shown below :

<i>Seat No.</i>	<i>Month &amp; Year</i>	<i>Seat No.</i>	<i>Month &amp; Year</i>

Absentee or drop may be shown separately.

*Note* : The student is requested to attach the Xerox Copy of the Statement of Marks of the latest Examination or last attempt.

**DECLARATION**

I hereby declare that I have gone through the syllabus prescribed for the examination for which I am appearing. I shall be responsible for any errors and wrong or incomplete entries made by me in the Examination Form.

Yours faithfully,

Place : ..... Date : ..... Signature .....

8. Race and Religion .....

9. Date of Passing the Bachelor of  
Physiotherapy (Professional) }  
Examination and Name of }  
the University } .....

10. Year and Month of joining the ..... Seat No. ....  
First Year Post Graduation in  
Physiotherapy

11. Residential address : .....  
(Permanent)

12. Local address .....  
(For Correspondence)

13. Mobile No. ....

*N.B.* : Candidate is requested to confirm that he has ticked against that subject for which he desires to appear. Please tick ( ✓ ) only the appropriate column against the subject.

1 Physiotherapy Paper-I (General)	2 Physiotherapy Paper-II (General)	3 Physiotherapy Paper-III (Speciality)	4 Physiotherapy Paper-IV (Speciality)
<input type="checkbox"/>	<input type="checkbox"/>	Musculo-Skeletal Physiotherapy <input type="checkbox"/>	Musculo-Skeletal Physiotherapy <input type="checkbox"/>
		Neuro Physiotherapy <input type="checkbox"/>	Neuro Physiotherapy <input type="checkbox"/>
		Cardiorespiratory Physiotherapy <input type="checkbox"/>	Cardiorespiratory Physiotherapy <input type="checkbox"/>
		Gen. & Community Based Physiotherapy & Rehabilitation <input type="checkbox"/>	Gen. & Community Based Physiotherapy & Rehabilitation <input type="checkbox"/>
		Functional & Physical Diagnosis <input type="checkbox"/>	Functional & Physical Diagnosis <input type="checkbox"/>
		Paediatric Physiotherapy <input type="checkbox"/>	Paediatric Physiotherapy <input type="checkbox"/>

**PROFORMA FOR GRANT OF CERTIFICATE**

This is to certify that Shri./Smt. ....

1. is to the best of my knowledge and belief a person of good moral Character.
2. That he / she has satisfactorily attended complete course.
3. That he / she has my permission to present himself / herself at the ensuing Post-Graduate degree Examination of Physiotherapy.

Pune ..... 200

Signature : .....  
Principal or Director of the Institute  
(With the seal)

**OR**

I certify that Shri. / Smt. ....  
failed to pass the examination held in ..... 200 and that during the interval between the declaration of his/her failure and the date of this application, he / she has pursued a further course of study in the subjects of examination to my satisfaction.

I further certify that he / she is eligible to reappear for the examination as this is his / her..... attempt (i.e. his / her attempt is not more than SIX OCCASIONS for Reserve Category and FOUR OCCASIONS for Open Category within 4 and 1/2 years.)

Pune ..... 200

Signature : .....  
Principal or Director of the Institute  
(With the seal)

**PROFORMA FOR GRANT OF CERTIFICATE UNDER ORDINANCE No. 163**

This is to certify that Shri./Smt. ....  
of University Department of .....  
/Recognised Institution/College : .....

- (a) was enrolled in NCC and has passed ‘B’ and/or ‘C’ certificate examination.
- (b) was enrolled in NCC and have completed 120 hours of effective work and attended the necessary number of camps are required under NSS programme.
- (c) was enrolled in National Physical Efficiency Drive and has acquired three stars under the programme.
- (d) participant in inter-University Tournaments / Competition of .....as a representative of the University of Pune.
- (e) participated in National /International Tournaments/Competitions of ..... as a representative of State of Maharashtra / India.
- (f) has joined Adult Education Programme of the University and completed 200 clock hours work to the satisfaction of the Project In-charge.

Shri. / Smt. .... has participated / completed above mentioned activity of ..... during the year .....and is therefore entitled to grant of additional marks under Ordinance No. 163 of the University of Pune for the examination of April/October ..... 199 for the course of .....

Authority In-charge of the Activity.....

Principal of the College/Head of the  
Recognised Institution/University  
Department.