



Dr. D.Y.Patil Vidyapeeth
(Deemed to be University)
Pimpri, Pune-411018

Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' Grade
(An ISO 9001:2008 Certified University)

Photograph

**Application Form for admission against vacant seats in First
Year of Master of Physiotherapy Programme for the Academic
Year 2018-19**

Name of the Candidate : _____

Address for Communication: _____

District : _____ State : _____

Sex : _____ Date of Birth : _____

Telephone : _____ Mobile : _____

Email : _____

Percentage of Marks of PCB (%) _____

Name of the University (Graduate) _____

Year of Passing : _____ Marks in _____ Appearing: _____
% _____

Name & Address of the last attended School / College

Name & Address of Parents/ Guardians

: _____

Declaration-I

I here declared that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled.

Place : _____

Date : _____

Signature of Candidate