



GLOBAL

Institute Of Physiotherapy

(Affiliated to RGUHS & Recognised by Government of Karnataka)

Malnad Lif Line Hospital, By-Pass Road, Opp. Total Gas Bunk, Shimoga -577204

APPLICATION FORM FOR B.Sc PHYSIOTHERAPY COURSE

***To be filled in BLOCK Letters**

Reg No. _____

For the Year _____

Full Name _____

(in Block Letter)

Date of Birth _____ day _____ Month _____ Year _____ Age _____ Gender _____

Permanent Address : (in Block Letters)

Present Address : (in Block Letters)

Religion : _____ Caste _____

Parents / Nearest relative's Name : _____

How related : _____ Occupation of Parents _____

Single or Married _____

Education : P.U.C. Science

Blood group : _____

Aadhaar No : _____

Examination	Month & Year of Passing	Attempts	Total marks secured in all subjects			Marks in each Science Subject	
			Marks obtained	Max Marks		Marks obtained	Max Marks
P.U.C.							
P.U.C.							
(Science)							

Name of the School/College attended (P.U.C.) : _____

How do you spend your leisure time : _____

Why do you want to take Nursing : _____

DECLARATION OF APPLICANT / PARENTS

I hold myself responsible for the proper character and conduct of my ward.

Date : _____

Signature of the Applicant _____

Signature of the Parents / Guardian _____

PRINCIPAL
GLOBAL INSTITUTE OF PHYSIOTHERAPY
Shimoga