SRI JAGANNATH COLLEGE OF PHYSIOTHERAPY

At/Po: Khariar Road, Dist: Nuapada, Odisha-766104
Email Id: jhkvctrust@gmail.com

Paste Passport Photo

Regd No:_____/20

Applied For : B.P.T.

Admitted By:_____

ADMISSION FORM

FILL THE FORM IN CAPITAL LETTER

PERSONAL DETAIL

Name of the Applicant :

Father's Name:

Mother's Name:

Date of Birth:

Mobile Number:

Religion:

Blood Group:

Sex:

Ve

Address for correspondence :

Permanent Address :

Email Id :

Aadhar Number:

Category:

ST / SC / OBC / GENERAL

Father's Profession:

Mother's Profession:

Matriculation Detail: Regular / Ex-Regular

Roll No: | | | | | | | | | Year of Passing: | | | | |

Max Mark	Mark Secure	Odia/ _____	English	Math	Science	Social Science

+2 Detail: Arts / Commerce / Science Regular / Ex-Regular

Roll No: | | | | | | | | | Year of Passing: | | | | |

Max Mark	Mark Secure	Phy	Che	Bio	Math	Percentage

Signature of Student

Bank Account Detail :

Account No:

Bank & Branch Detail :

IFSC Code:

I Sri/Miss/Mrs _____, D/o S/o:_____

_____Submit the Signed cheques of the above mentioned Account Number bearing the cheque No:_____

towards tuition fee of my college

Verified by **Signature of Student**

Admission Fee details:

Amount :_____

M.R. No :_____

Date :_____

Signature of Accountant

Declaration

I here by declare that the above information is true and complete to the best to my knowledge. I am aware that if any information found to be incomplete my application form will be rejected/admission will be cancelled.

Form Received By

Signature of Student