



Application No : .....

BETHANY NAVAJEEVAN COLLEGE OF PHYSIOTHERAPY  
 NALANCHIRA, THIRUVANANTHAPURAM, KERALA-695 015  
 Phone : 0471- 2544989, 2114030. Fax : 0471 - 2533989  
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## APPLICATION FOR ENROLMENT TO BACHELOR OF PHYSIOTHERAPY/ MASTER OF PHYSIOTHERAPY

1. Year of Admission	Photo
2. UG/PG	
3. Course	
4. Name of Candidate	

### 5. Personal Details

Sex		Address for Communication	
Date of Birth			
Blood Group			
Name of Parent/ Guardian			
Occupation Of Father			
Relation with Parent/Guardian			
Land line No.			
Mobile No.		District	
E mail ID		State	
Category		Country	
Religion		Pin Code	
Caste			
Nativity		Nationality	

### 6. Details of Qualifying Examination

Name of Qualifying Examination	Reg.No.	Year	Percentage of Marks	Percentage of Marks(In Case of UG Courses)		Division/ Grade	Board/ University
				PCB*	Biology		

\* Physics, Chemistry, Biology

7. Other Details, if any

Migration Certificate, if any	
Equivalence Certificate, if any	

8. Details of Internship,if any

Period From	Period To	Name & Address of the institution

9. Any Other Relevant Details, if any

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10. Entrance Examination details

Name of Examination	Authority	Reg. No.	Rank No.	Year	Admission Quota

**DECLARATION**

1. I Mr./Ms.....  
S/o/D/o.....  
agree to abide by the rules and regulations of Bethany Navajeevan College of Physiotherapy in force and amended/alterd from time to time.
2. I assure that I will not indulge in any activity that would tarnish the image of the Institution.
3. I am aware that the management of Bethany Navajeevan College of Physiotherapy has every right to suspend/dismiss me from the College or even debar from the University in case I breach the code of conduct.
4. I am aware that the fees once paid will not be refunded under any circumstances.
5. I am aware that my admission is subject to the approval of the Kerala University of Health Sciences, Thrissur.

*Signature of the Candidates*

**ATTESTATION BY THE PARENT/GUARDIAN**

I hereby certify that the declaration made above has been duly signed by my ward in my presence.

Place : .....

Date : .....

*Signature of the Parent/Guardian*

**FOR OFFICE USE ONLY**

Received the Certificates

Received Amount

Admission Officer