



LOKMANYA MEDICAL FOUNDATION AND RESEARCH CENTER'S

**LATE SHREE FAKIRBHAI PANSARE EDUCATION FOUNDATION
COLLEGE OF PHYSIOTHERAPY**

First Floor, Kirti Mahavidyalay, Sector No. 25, Nigdi, Pune - 411 044/

☎ : (020) 27357552 Fax : (020) 27352503 e-mail. lmrcbpth@gmail.com

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APPLICATION FORM

Academic _____ Year in (Free / Payment / N.R.I. / Management Quota)

(To be filled by applicant after reading the instructions carefully. All the entries must be made in eligible hand. Form with incomplete entries will be rejected.)

1. Name of the Student
(Capital Letters) _____
(Surname) (Name) (Father's/Husband's Name)
संपूर्ण नांव
(मराठी) (आडनाव) (नाव) (वडिल / पतीचे नांव)
2. Parent's Name _____
(Surname) (Name) (Father's/Husband's Name)
3. Permanent Address _____
With Pin code _____
STD Code _____
Phone / Mobile No. _____
E-mail ID _____
Local Address _____
With Pin code _____
STD Code _____
Phone / Mobile No. _____ Alt. Mobile No. _____
4. Relationship with guardian _____
5. Educational background of family - Father _____ Mother _____
6. If belongs to Reserve Community notified by Govt. of Maharashtra. Please State the class of Community to Which you belong. _____
(certificate by comp. Authority)
7. Religion _____ Nationality _____
8. Date of Birth _____ Place of Birth _____
DD MM YYYY

9. Marital Status Married Unmarried

10. Mother - Tongue _____

Languages Known 1) _____ 2) _____ 3) _____ 4) _____

Preferable for correspondence 1) _____ 2) _____ 3) _____

Academic Information

Exam	Name of the Examination Board	Year of Passing	Subject	% of Marks	Marks Out of	Name of the School / College
S.S.C.						
H.S.C.			English			
			Physics			
			Chemistry			
			Biology			
			PCB Total			
			Gr. Total			
MHT-CET			Physics			
			Chemistry			
			Biology			
			Total			
NEET			Physics			
			Chemistry			
			Biology			
			Total			

MHT-CET	Merit No.			Category Merit No.		Region Code
	State	Region		State	Region	

NEET	Merit No.			Category Merit No.		Region Code
	State	Region		State	Region	

11. State Whether you have represented or actually played in tournaments arranged by the university State Govt./ National Organization / College / Institution

12. Name & Address of two persons to whom reference may be made regarding the character and conduct of the candidate and can contact to keep urgent message.

1. Full Name & Address _____

With Pin code _____

STD Code _____

Phone / Mobile No. _____

2. Full Name & Address _____

With Pin code _____

STD Code _____

Phone / Mobile No. _____

DECLARATION BY STUDENT

I hereby declare that the particulars given above by me are true and no material information is willfully suppressed by me. I stand to be disqualified for admission to the course, in the event of my being found out to have rendered false information.

Further I do hereby agree to abide by and conform to the rules and regulation for the time being in force and to be laid down from time there after for the due maintenance of the order and discipline of the college and further agree to make good any damage which may be caused by any carelessness, negligence and wantonness on my part.

Date:

Signature of Student

DECLARATION BY PARENTS / GUARDIAN

1. I have certify that the ward is my son / daughter and the particulars given by him / her are correct to the best of my knowledge.
2. I hold myself legally responsible for the payment of fees and dues on behalf of my daughter/ son on or before 15th of June /January of every year.
3. I will be in touch with the college authority regarding my wards behavior, attendance & progress.

Date:

Signature of Father/ Guardian

List of original certificates attached & attested Copies in 3 Sets

1. MH-CET Mark list/Associate Mark list
2. Govt. Selection letter
3. Govt. Selection letter (Previous if any)
4. S.S.C Mark list
5. S.S.C Board certificate
6. H.S.C Mark list
7. H.S.C Leaving certificate
8. Gap certificate (if any)
9. Age /Nationality / Domicile certificate
10. Caste certificate (if any)
11. Caste validity certificate (if any)
12. Non Creamy layer certificate
13. Physical Fitness certificate with reg. No. of Doctor
- 14.

Note: Students are requested to keep the Xerox copies of all documents with them in College and in Hostel.