

# CMR College of Physiotherapy

A Division of Janadhara Trust  
Affiliated to Rajiv Gandhi University of Health Sciences  
CA No.2, 3<sup>rd</sup> 'C' Cross, 6<sup>th</sup> A Main, 2<sup>nd</sup> Block, HRBR Layout, Bangalore – 560 043. INDIA  
Telephone : 25426177, e-mail: tristha@vsnl.com website: www.cmredu.com

Application No.

Course Applied For

1. Name of the applicant:

2. Date of Birth:

3. Place of Birth:

4. Nationality: INDIAN  NRI  FOREIGNER

5. Passport No. (if NRI or Foreigner):

AFFIX A  
PASSPORT SIZE  
PHOTOGRAPH

6. Validity of Visa: From To

7. Sex: MALE  FEMALE

8. Religion:

9. Caste & Group:

10. Whether : SC  ST

11. Father's Name:

12. Occupation:

13. Annual Income:

14. Mother's Name:

15. Occupation:

16. Annual Income:

17. Permanent Address

18. Present Address

E-mail:

STD Code

Phone No.

E-mail:

STD Code

Phone No.

19. Local Guardian's Name:

20. Local Guardian's Address

STD Code

Phone No.

**ACADEMIC RECORD: ( 10 + 2 LEVEL)**

1. Examination Passed:

2. Institution Attended:

3. Name of the University / Board

4. Month &amp; Year

Register No.

Subjects	Max. Marks	Marks Obtained	Marks Obtained
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTAL.			

Languages taken:

1<sup>st</sup> Language:2<sup>nd</sup> Language:

Languages Preferred:

1<sup>st</sup> Language:2<sup>nd</sup> Language:

Achievements in Sports:

Extra Curricular Activities:

Hostel Facility Required

YES

NO

Place:

Date:

Signature of the Applicant

**DECLARATION OF THE CANDIDATE**

I agree to abide the rules and regulations of CMR COLLEGE OF PHYSIOTHERAPY and declare that the information is true and correct to the best of my knowledge and belief and, in the event of any information being found incorrect or misleading, my candidature shall be liable to be cancelled.

**In case the university rejects my eligibility I will not claim any refund form the college and will not hold the college responsible**

Place:

Date:

Signature of the Candidate

### **DECLARATION BY PARENT / GUARDIAN**

I have read the rules and regulations of the college. My son / daughter / ward has signed the declaration in my presence. I agree to extend my full co-operation to the college authorities in ensuring that my son / daughter / ward abides by all the rules. I further agree to visit the College as often as possible to acquaint myself about the attendance and progress of my son / daughter / ward. And I also agree to make all payments to the institute as per schedule.

**In case the university rejects my son / daughter / ward eligibility I will not claim any refund from the college and will not hold the college responsible.**

Place:

Date:

Signature of the Parent / Guardian

**Note:** Candidates who have appeared for final year examination at the time of applying and confident of fulfilling the prescribed entry eligibility for each Programme may apply for provisional admission. The final admission will be after the submission of above eligibility requirement at the time of admission and subject to Rajiv Gandhi University of Health Sciences final approval.