



**APPLICATION FORM FOR THE PERMISSION/RECOGNITION FOR THE B.P.T COURSE BY
THE INDIAN ASSOCIATION OF PHYSIOTHERAPISTS(R.)
FORM – I**

1. NAME OF THE COLLEGE _____

2 ADDRESS _____

3. MANAGEMENT: GOVT/PVT. (NAME) _____

2 ADDRESS _____

_____ **Tel. No.** _____

FAX: _____ **E-mail.** _____

5.NATURE OF THE COURSE: Degree/P.G.) _____

6.DURATION OF THE COURSE _____

7.COURSE AFFILIATION (University) _____

8.GOVERNMENT PERMISSION VIDE ORDER NO. _____

9.INTAKE ADMISSION CAPACITY _____

10.NAME OF THE PRINCIPAL _____

10 (a). QUALIFICATIONS _____ **10 (b). I. A.P No** _____

11. INFRASTRUCTURE: PERMANENT / TEMPORARY (Please give approved plan copy)

12.INFRASTRUCTURE FACILITIES AVAILABLE:

a)ACADEMIC: (Attach approved plan)

b)**CLINICAL :Own/ Tie-up** (attach copy of the MOU'S with Hospitals)

13. Recognition fees paid Vide

D.D No. _____ **drawn on** _____ Bank.

Dated _____

We hereby certify that to the best our knowledge the information given above is true.

SIGNATURE OF THE PRINCIPAL

SIGNATURE OF THE CHAIRMAN

