

To,
The Director – BCIP
Kalkaji

Sub : Application for issue of Program Completion Certificates

Affix Passport size
photograph

DETAILS OF ADMISSION

1. Name _____
2. Father's Name _____
3. Permanent Address: _____

4. Phone (Res. And Mob.) : _____
5. University Enrollment no. : _____

DETAILS OF INTERNSHIP

6. DCPTOT Registration No. & Date : _____
7. Internship duration From _____ To _____
8. Internship 1: At _____ From _____ To _____
Internship 2: At _____ From _____ To _____
Internship 3: At _____ From _____ To _____

DETAILS OF EXAMINATION

BPT- I		BPT-II		BPT-III		BPT-IV	
Code	No. of Attempts	Code	No. of Attempts	Code	No. of Attempts	Code	No. of Attempts
101		201		301		401	
102		202		302		402	
103		203		303		403	
104		204		304		404	
105		205		305		451	
106		206		306		452	
151		251		351		453	
152		252		352		454	
153		253		353			
154							
Marks Obtained / Maximum marks	/1000	Marks obtained / Maximum marks	/900	Marks obtained / Maximum marks	/ 900	Marks obtained / Maximum marks	/800
No. of Distinctions		No. of Distinctions		No. of Distinctions		No. of Distinctions	

DECLARATION

I undertake that the above- mentioned particulars are correct; if any information is found wrong I will bear all consequences for the same whatsoever. I have / have not submitted my NO DUES certificate.

I hereby enclose following documents :-

1. Signed & stamped Attendance of internship
2. Signed & stamped assessment proforma & attested copy of Internship completion certificate.
3. Attested copy of Provisional Registration Certificate issued by DCPT& OT.
4. Two Self addressed envelope A4 size.
5. Attested copy of mark sheets of all BPT 4 years
6. Attested copy of consolidated mark sheet
7. Two (2"X 2") Coloured Photographs with white background.
8. Duly filled degree data format (available on Institute's website) (hard copy & soft copy in CD)

Date :

Place :

(Signature)

Verified

(HOD Physiotherapy)

