



**Banarsidas Chandiwala Institute of Physiotherapy**  
**AFFILIATED TO G.G.S.INDRAPRASTHA UNIVERSITY**  
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NOTE: ALL PARTICULARS TO BE FILLED IN" **BLOCK LETTERS** "ONLY

PROGRAM : BACHELOR OF PHYSIOTHERAPY

NAME \_\_\_\_\_ GENDER M / F

DOB \_\_\_/\_\_\_/\_\_\_ AGE AS ON 01.08.2017 \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

CORRESPONDENCE ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

PH (RESI) \_\_\_\_\_ MOB: \_\_\_\_\_ EMAIL ID \_\_\_\_\_

CET CODE \_\_\_\_\_ CET ROLL. No. \_\_\_\_\_ CET RANK \_\_\_\_\_

CATEGORY \_\_\_\_\_ REGION: DELHI / OUTSIDE DELHI

DATE OF ADMISSION : \_\_\_\_\_ ENROLLMENT NO. \_\_\_\_\_

Paste a recent photograph

**EDUCATIONAL INFORMATION**

QUALIFICATION	EXAM	SCHOOL/INSTITUTE/COLLEGE	BOARD/UNIVERSITY	YEAR OF PASSING	Aggregate %
Secondary Education /Matriculation/10 <sup>th</sup> Class					
Senior Secondary /10+2/12 <sup>th</sup> Class			<b>Subjects</b>	<b>Marks obtained</b>	<b>PCB %</b>

**VERIFICATION**

I , \_\_\_\_\_, S/o D/o of \_\_\_\_\_ CET Roll number \_\_\_\_\_ Declare herewith that The above information given by me is true to the best of my knowledge & belief. If on later date any information given by me is found to be incorrect my admission from the Institute shall be cancelled and I will have no claims what so ever on the Institute and all my payments including fee, security deposits etc. shall be forfeited.

Date \_\_\_\_\_  
 Place \_\_\_\_\_

**SIGNATURE OF THE STUDENT**

**SIGNATURE OF PARENT(S)**