



BCIP

ACADEMIC

Doc. No. BCIP/STUD/AS/001

Issue No.01 Date 15.07.2011

Rev.No.00 Date: 00

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STUDENT PROFILE

Note: All Particulars to be filled in" **BLOCK LETTERS** "only

PROGRAM : BACHELOR OF PHYSIOTHERAPY MASTER OF PHYSIOTHERAPY

YEAR OF ADMISSION :20_____ ENROLLMENT NO. _____

CATEGORY _____ REGION : DELHI OUTSIDE DELHI

Paste a recent photograph

GENERAL INFORMATION

NAME _____ GENDER M F DOB ___/___/___

PERMANENTADDRESS _____

CORESSPONDENCE ADDRESS _____

PH (RESI) _____ MOB: _____ EMAIL ID _____

EDUCATIONAL INFORMATION

	EXAM	SCHOOL/INSTITUTE/COLLEGE	BOARD/UNIVERSITY	YEAR OF PASSING	%
Secondary Education /Matriculation/10 th Class					
Senior Secondary /10+2/12TH Class					
BPT (1 st - 4 th Year)					

DETAILS OF PARENTS/GUARDIAN

	FATHER	MOTHER	GUARDIAN
NAME IN ENGLISH			
NAME IN HINDI			
OCCUPATION			
DESIGNATION			
OFFICE ADDRESS			
PH NO.			

SIGNATURE OF THE STUDENT

SIGNATURE OF PARENTS /GUARDIAN



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UNDERTAKING BY THE CANDIDATE

I, _____, S/o D/o of _____ enrollment number _____ of batch _____ a student of BPT /MPT (_____) at Banarsidas Chandiwala Institute of Physiotherapy, New Delhi declares that

- The information furnished by me in Registration form 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 have no claims what so ever on the Institute and all my payments including fee, security deposits etc. shall be forfeited.
- I have read and understood the Institute's Code of conduct and the rules & penalties in respect of Disciplines, Ragging and attendance and undertake to abide by the same.
- I am aware that in case I fail to abide by the prescribed rules, the Institute may taken any appropriate action against me as deemed fit.
- I am aware that if attendance fails short by 75% in aggregate I am liable to be detained from appearing in the term – End Examination.
- I undertake that I shall abide by the fee structure, as prescribed by the Delhi State Fee Regulatory committee from time to time.
- I undertake that the above information given is true in case of any change I will inform the Institute within 3 working days.
- The students / Parents / guardians shall not file a writ against the Institute in any court of law / GGSIPU on any grievance without giving written notice to the Institute for readdressal of the grievance in the office of the Director either by hand / post only.
- I will regularly check my mentioned E.mail account for all updations from Institute.

Date ____/____/____

Signature of the student

UNDERTAKING BY THE PARENTS / GUARDIAN

- I testify that my son/ daughter / ward _____ is seeking admission with my consent & I am personally responsible to the Institute for payment of all his / her dues as the University will decide.
- I have read the rules & I understand my son/ daughter / ward has to undergo obligatory practical training for specified events in accordance with the GGSIPU syllabus. I agree that in the event of my ward being placed in any hospital / physiotherapy centre / Institute for training will not raise any objection or his / her being so placed.
- I hereby certify that particulars furnished in the application form are correct and in case of any change I will inform the institute within 3 working days.
- I undertake that I will contact the Institute at least quarterly to monitor the attendance and performance of my ward.
- I undertake that I will regularly visit the Institute's website for general information, notices, updates etc. (www.bcip.ac.in)
- I understand the value of extracurricular activities and undertake that I will not raise any objection for my ward being involved in any co – curricular / extracurricular / community service and will extend the required support and encouragement for the same.
- The students / Parents/ guardians shall not file a writ against the Institute in any court of law / GGSIPU on any grievance without giving written notice to the Institute for readdressal of the grievance in the office of the Director either by hand / post only.

Date ____/____/____

Signature of the Parents/ Guardian