

Application Form for Physiotherapy Internship

PHOTO

1. Name of the Candidate: _____

2. Father's Name: _____

3. Date of Birth: _____

4. Address for Correspondence: _____

5. Telephone/Mobile No: _____

6. E-mail (working): _____

7. Education Qualifications: _____

S.N.	University/College	Year of Passing	Semester wise marks	Percentage (%)

8. Name and nature (Govt./Pvt.) of Physiotherapy school: _____

9. Whether Institute is affiliated to: Yes / No
Indian Association of Physiotherapist (IAP)

I do hereby confirm that information given by me is true to the best of my knowledge.

Signature: _____

Date: