



MOTHER THERESA POST-GRADUATE & RESEARCH INSTITUTE OF HEALTH SCIENCES (MTPG & RIHS)

(Government of Puducherry Institution)
Indira Nagar, Gorimedu, Puducherry-605 006

Phone: 0413-2271200, 2275566, 2273008; Fax : 0413-2277594

Website: <http://mtihs.puducherry.gov.in>

APPLICATION FOR ADMISSION TO MASTER OF PHYSIOTHERAPY (M.P.T.) COURSE (2016-17)

(FOR OFFICE USE ONLY)

Registration No. :

Merit Marks : Merit Rank :

50% of marks obtained in B.P.T. : 50% of MTIET (PG)-16 marks :

Category of the Applicant :

Category under which selected & Specialization :

Date:

DEAN

Note: Read carefully the Information Brochure before filling up the application form.

1. Name of the Candidate :

2. Father's Name :

3. (a) Date of Birth :

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Nationality :

4. Gender (Pls tick [✓]) : Male / Female

5. Address for communication :

Pin Code

Affix
self-attested
recent
passport size
photograph

CHECK LIST

**Attach the self-attested copies of following certificates / documents with the application.
(Tick [✓] the relevant boxes)**

1. Birth Certificate or any Certificate for proof of Date of Birth :
2. Puducherry UT Residence / Nativity Certificate – Recently issued / Revalidated for 2016 :
3. Nationality Certificate :
4. Caste / Community Certificate- Recently issued/ Re-validated for 2016 :
5. S.S.L.C. / Matriculation Mark Sheet :
6. Higher Secondary (+2) Mark Sheet :
7. Degree / Provisional Certificate :
8. Statements of marks of qualifying examinations (All Semesters/years): _____ Nos. :
9. Transfer Certificate & Conduct Certificate issued by the Head of Institution last studied :
10. Internship completion certificate :
11. Medical Fitness Certificate issued by Competent Authority :
12. Crossed Demand Draft for ₹.1000/- (₹.800/- for SC/ST) towards Application Fee :
13. Any other relevant certificates..... :

<i>To be filled by</i>		
Applicant	(For Office use)	
	Scrutinizing Officer	Verifying Officer (counselling)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Signature of the :</i>	<i>Applicant</i>	<i>Scrutinizing Officer</i>	<i>Verifying Officer during counselling</i>

(FOR OFFICE USE ONLY)

Sl. No.	Remarks of Scrutinizing Officer	Remarks of Verifying Officer during counselling
1.		
2.		
3.		
4.		

Received back all the original certificates on _____.

Signature of the candidate.



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HALL TICKET – MTIET (PG)–16

ENTRANCE TEST – 2016-17

(For Admission to M.P.T. Course)

Affix
self-attested
recent
passport size
photograph

Registration No.	
Name of the Candidate	
Name of the Centre	Mother Theresa Post-Graduate & Research Institute of Health Sciences, Indira Nagar, Gorimedu, Puducherry-605 006
Date & Time of Examination	31-07-2016 (Sunday) at 11:00 a.m. (Duration: 100 minutes)
Signature of the Candidate	

Note : If the Candidate does not fulfill the eligibility criteria and does not produce the requisite certificates at the time of counselling, he/she shall forfeit the right of selection without any further correspondence though he/she might have appeared for the Entrance Examination.

(DR. R. MURALI)
DEAN