



LOURDE INSTITUTE OF ALLIED HEALTH SCIENCES

(Affiliated to KUHAS & Approved by Govt. of Kerala)

Vellikkeel Road Junction, Ariyil P.O, Pattuvam, Kannur Dist., Kerala

Ph: 0460-2220223, 9895953794 | admissions@lourdept.com | www.lourdept.com

Application for Bachelor of Physiotherapy (BPT)

		(Please affix here the recent passport size photograph of the applicant)
2. Name of Applicant (in block letters) (in mother tongue)		
3. Sex : Male/Female	4. Date of Birth :	
5. Caste & Community :	6. Religion :	
7. Name of Parent or Guardian :		
8. Occupation of parent or Guardian :		9. Annual Income :
10. Permanent Home address (in block letters) Pin : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Phone No. :		11. Address to which communication are to be sent (in block letters) Pin : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Phone No. :
12. Details of Qualifying examinations (pre-degree/ plus two/ VHSC/ HSC) : (Enclose Photocopy of certificates)		
a) Address of School / Institution :		
b) Reg No. & Year of passing :		
c) Board / University :		

d)	Optional Subject	Marks secured	Max marks	Aggregate % for optional	For office use only	
					Total marks	
	Physics				Weight percentage	
	Chemistry					
	Other					
	Biology					
	Total					

13. Place of residence :	Village	District

14. DECLARATION

<p>I (Name) hereby solemnly and sincerely affirm that all statements made in the application are true, complete and correct to the best of my knowledge and belief and that I agree to abide by the rules and regulations governing the course.</p> <p>Signature of the applicant :</p> <p>Name :</p> <p>Place:</p> <p>Date :</p>	<p>I (Name) have fully read the information furnished by my Son / Daughter / Ward and affirm that the same is true, complete and correct to the best of my knowledge.</p> <p>Signature of the Guardian/ parent :</p> <p>Name :</p> <p>Place:</p> <p>Date :</p>
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We have read the details of fee to be remitted for the course. As per the Govt. guidelines the Managements concerned shall be entitled to collect liquidated damages from the students who discontinue the course in between the academic year.

We hereby solemnly affirm that we agree to abide by the above Rules, Regulations and other conditions prescribed by the Govt. of Kerala / Institution.

Place :

Date : Signature of Applicant Signature of Parent / Guardian

- Details of Enclosures :
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.