

Form No:

MAEER PUNE'S
MIP College Of Physiotherapy
Vishwanathpuram, Ambajogai road, Latur-413521
Ph. (02382)228135, Fax:(02382) 228939, 227146
www.miplatur.com, Email:miplatur@gmail.com
Application Form

STUDENT PROFILE

*First Name :

*Surname :

*Father's / Guardian's Name :

*Father's / Guardian's Occupation :

*City/Village :

*Communication Address :

*Post office :

*State :

*Pin Code :

*Tel(with STD
Code) :

***Mobile :**

***E-mail :**

***Permanent Address**



***City/Village :**

***Post office :**

***State :**

***Pin Code :**

***Tel(with STD Code) :**

***Mobile :**

***E-mail :**

***Institution Last Studied & Place Of The Institution**



***Marks obtained in SSLC/10th**

***Out Of Total Marks:**

***Aggregate % in SSLC**

***Marks obtained in PUC| /12th**

***Out Of Total Marks:**

***Aggregate % in PUC**

*ENTRANCE DETAILS

*CET/asso. CET
Rank/Marks

Other Entrance
Details

*Mother
Tongue

*Spoken
Language

*Please Attach The Following Certificates:

1. 3 Copies of 10th Marks Card
2. 3 Copies of 12th/PUC Marks Card
3. 3 Copies of Transfer Certificate
4. 3 Copies of Migration Certificate

UNDERTAKING

I the undersigned, affirm that the information furnished above is correct to the best of my knowledge and belief, and that I will accept as final and binding the decision of MIP, regarding my admission to the program. If any information provided by me is found to be incorrect at a later date, MIP is authorized to take any action against me that it deems fit, including legal action. I hold myself responsible for all the dues and prompt payment of fees, If selected. I have noted that fees once paid are not refundable under any circumstances except as per the rules of Institute. I have gone through admission rules and regulations of the Institute and understood them.

I Agree

I Disagree