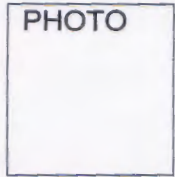


Application Form for Physiotherapy Internship



- 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: