

13. Name of the college from which the candidate has passed his / her 12th Standard Examination along with its full address (Place, District, State)

District

State

14. Name and Address of Parent / Guardian

Name

Address

15. Declaration - I

- a) I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that, if any information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled.
- b) If admitted to Dr. D. Y. Patil College of Physiotherapy, Pimpri, Pune of Dr. D. Y. Patil Vidyapeeth, Pune, I shall abide by its Rules and Regulations of the Institute and the Vidyapeeth.
- c) I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.

Signature of the Candidate

16. Declaration - II

I, the parent / guardian of the applicant hereby declare that, I am aware of the financial obligations of admitting my child / ward to Dr. D. Y. Patil College of Physiotherapy, Pimpri, Pune. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the Rules of Dr. D. Y. Patil Vidyapeeth, Pune. I also affirm and endorse the declaration made above by my child / ward.

Place :

Date : Signature of Parent / Guardian

Parent's / Guardian's Name :

FOR OFFICE USE ONLY

Entrance Test Fee Rs.

Received in Cash / DD
Receipt No.