



SCHOOL OF PHYSICAL THERAPY
Multi speciality Department of Physiotherapy
BOMBAY HOSPITAL – INDORE

Ring Road, Indore 452 010. Tel. : (0731) 5077000 - 3008

ADMISSION FORM (Page – 1)

Name : _____

Age / Sex : _____

Permanent Address : _____

Address for correspondence : _____

Telephone Nos. : (Off.) _____ (Resi.) _____ (M) _____

Educational Qualification :

COURSE	SCHOOL/COLLEGE	YEAR	%

CLINICAL EXPERIENCE & TRAINING DETAILS : _____



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Additional Qualifications, if any :

COURSE	SCHOOL/COLLEGE	YEAR	%

(Please submit True Copy of all the qualifying degree certificates)

Name of the course & speciality selected : _____

(Tick your Choice) Clinical Training Certificate Course
 P.G. Diploma Course

Practicals : On week ends At the end of four months
 Daily

Important Note

1. The courses conducted at our School do not hold affiliation to any College, University, Association or Council.
2. Our Courses are purely affiliated to Bombay Hospital, as Bombay Hospital in its own is a premium institute, imparting medical education since decades with medical services in form of chain of multi-speciality hospitals with international standards and dedicated services to the community since years.
3. We believe in quality education with international standards and our name speaks of its own.

Note : Money once paid shall not be refundable or transferable



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ADMISSION FORM (Page – 3)

Payment Mode : Amount - Rs. _____ /-
 Cash Cheque / Draft No. _____
Date _____
Name of Bank _____
(Cheque subject to realization)

Date of Commencement of Course : _____

Office Record Reference No. : _____

DECLARATION

I, Dr. / Mr. / Miss / Mrs. _____, hereby declare that I am fully aware about the complete course programme and its credentials. I put forward my candidature for the same. I promise to abide by all the rules and norms of the Institution.

Name : _____

Signature : _____

Date : _____

(For Office Use)

The above named candidate has been provisionally selected for the *PG Diploma Course or Certificate Course in Physical Therapy*.

CANDIDATURE ACCEPTED

Date : _____

SEAL

Dr. Rohit Subhedar
H.O.D. – Physiotherapy
Bombay Hospital - Indore