**LOKMANYA MEDICAL COLLEGE OF PHYSIOTHERAPY**

**KHARGHAR, NAVI MUMBAI-410210**

**JOINING FORM**

**2**

**0**

**2**

**0**

**2**

**0**

**2**

**1**

**Admission Form-Academic Year-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Form No.** |  | **CET Cell Form No** | **Paste Photo Here** |
| **AIR No.** |  | **NEET Marks** |  |
| **Aadhaar No.** | | | |

|  |
| --- |
| **Student’s Full Name (In Capital Letters)** |

**Last Name First Name**

**Father’s Name / Husband’s Name Mother’s Name**

|  |
| --- |
| **Address (In Capital Letters)** |

**District:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pin Code:**

**STD Code Phone Number Mobile Number**

**Contact Phone:**

**E-mail :**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Birth Date:** | | | | **Age :** | | | **Sex:**  **M/F** | | | | **Handicap :**  **Y/N** | | | **Employed :**  **Y/N** | | | |
| **Annual Income :**  **\_\_\_\_\_\_\_** | **Urban (U)/**  **Rural(R)** | **Religion**  **\_\_\_\_\_\_\_** | **Minority**  **Y/N** | **Cast : \_\_\_\_\_\_\_\_\_\_\_\_ Sub-Caste:\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| **SC** | **ST** | **OBC** | | **VJ** | **NT** | | | | **SBC** | | **EWS** | **OPEN** | |
| **1** | **2** | | **3** |
|  |  |  | |  |  |  | |  |  | |  |  | |
| **List of Documents Attached (Attested Xerox Copy)** | | | | | | | | | | | | | | | | | |

**1.**NEET Admit Card **8.** College Leaving Certificate

**2.**NEET Receipt cum Identity-card **9.**Transfer Certificate / Migration Certif. (if applicable)

**3**. NEET Mark sheet 2018 **10.**Aadhar Card (Attested Xerox)

**4.** Domicile/Nationality Certificate **11.**Caste Certificate

**5.** S.S.C. Mark Memo, Maharashtra State Board**12**.Caste Validity Certificate- Mandatory, Dated 2nd July 2018

**6**. H.S.C. Mark Memo, MAH. State Board **13.**Non-Creamy layer Certificate (If Applicable**)**

**7**. Medical Fitness Certificate (In MH- NEET Brochure format)

**Candidate’s Signature: Stamp:**

**-**

**-**

**Date:**