



Gujarat State Council for Physiotherapy
Gujarat State
ગુજરાત સ્ટેટ કાઉન્સિલ ફોર ફીઝિયોથેરાપી
ગુજરાત રાજ્ય

Government Spine Institute, Civil Hospital Compound, Asarva, Ahmedabad - 380016
ગવર્નમેન્ટ સ્પાઇન ઈન્સ્ટીટ્યુટ, સીવિલ હોસ્પિટલ કમ્પાઉન્ડ, અસારવા, અમદાવાદ-૩૮૦૦૧૬

FORM VII
(See rule 70)

APPLICATION FORM FOR REGISTRATION

(Please read the instructions carefully as given in Appendix-I before filling the form)

Latest passport size
photograph to be
paste here duly signed
half on the form half
on the photograph by
the candidate, two
extra photograph may
enclosed with this
form

To,
The Registrar,
Gujarat State Council for Physiotherapy, Ahmedabad.
Sir/Madam,

I hereby apply to register my name in the register of Physiotherapy maintained by the Council under section 33 of the Gujarat State Council for physiotherapy Act 2011. I give the following information required for the registration of my name.

1. Name of the Applicant: (SURNAME) (FIRST NAME) (FATHER'S NAME / HUSBAND'S NAME) (IN BLOCK LETTERS)

2. Sex: Male **Female**

3. Father's Name(FULL)

4. Date & Place of Birth: _____

5. Is he/she a citizen of India

(A) By birth (B) Domicile

If so state the date of becoming Indian Citizen:

6. Preliminary Education:

Full particulars of matriculation or equivalent examination passed with name of examining Body and with the year of obtaining.

Name of Examining Body _____

Passing Year _____

7. Date of Passing 12th Class Inter-Science/Higher Secondary or equivalent examination with the name of the University

Name of Examining Body _____

Passing Date & Year _____

8. Name of the Physiotherapy College attended with the date of joining and leaving

Name of College: _____

Date of joining: _____

Date of leaving: _____

9. Name of University: _____

Qualification: _____

Month and year of obtaining the qualification: _____

10. Whether he/she has undergone practical training before or after obtaining the degree as an internee in a physiotherapy department affiliated to the college
YES_____ NO_____

11. Detail of payment of fees:

(a) Paid by Cash/Demand Draft_____

(b) Amount paid_____

12. Detail of Demand Draft

(a) Name & Address of Bank: _____

(b) Demand draft no.:_____ Date: _____

(c) Amount Paid:_____

(A demand draft on the name of Registrar, Gujarat State Council For Physiotherapy preferably from SBI or any nationalized bank, must be payable to Ahmedabad branch only)

13. Number and date of Registration by Indian Association of Physiotherapy (Preferably)

Registration No.: _____ Registration Date: _____

(Applicable to the Candidates who have passed from the Colleges other than Gujarat)

14. Present Occupation and Address (IN BLOCK LETTERS):

15. Permanent Address (IN BLOCK LETTERS):

16. Email Address: _____

Mobile No. 1. _____ **2.** _____

Dated

Signature of the Applicant

Place:

DECLARATION

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. I will maintain the utmost respect for human life from the time of conception.
3. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
4. I will practice my profession with conscience and dignity.
5. The health of my patient will be my first consideration.
6. I will respect the secrets, which are confined in me.
7. I will maintain by all means in power, the honor and noble traditions of medical profession.
8. I will treat my colleagues with all respect and dignity.
9. I shall abide by the Standards of Professional Conduct and Etiquette and Code of Ethics for the Physiotherapists prescribed under section 26 by the Council.

I have carefully read the instructions and I certify that the particulars furnished above are true to the best of my knowledge

Yours faithfully

Signature.....
Name of Applicant.....

Place.....
Address.....
.....
Date.....



Checklist for submission of documents

The candidates are requested to ensure that the documents be enclosed as per the order in the checklist. All papers/Documents should be numbered according to the checklist. Please arrange the application in the following order & tick mark relevant boxes.

1. Bank Draft for Rs. _____ Name of Bank _____
Branch _____ YES NO
(a demand draft on the name of Registrar, Gujarat State council of Physiotherapy preferably from SBI or any nationalized bank, must be payable to Ahmedabad branch only)
2. Application Form YES NO
3. A degree or diploma in original or provisional certificate from the University or Dean/Principal of Physiotherapy College having passed BPT YES NO
4. Internship Completion Certificate YES NO
5. Original Certificate issued by the Physiotherapy College YES NO
6. Pass Certificate of 12th class or equivalent examination YES NO
7. An affidavit for delay in applying for permanent registration, if delay in applying for registration is more than 30 days after completion of internship. YES NO
8. Indian Association of Physiotherapy Registration Certificate YES NO
9. Photo Identity Proof YES NO
10. Address Proof YES NO

Date.....

Signature.....



APPENDIX-I

INSTRUCTIONS

1. The application form should be properly and neatly filled in capital letters and should be duly signed by the candidate, the photo copies of the documents wherever required should be self-attested by the candidate and also by gazetted officer. The application should be submitted along with following documents:
 - (a) 12th pass Higher Secondary Certificate for verifying the date of birth and school leaving certificate.
 - (b) Certificate of having passed the BPT examination issued by the Dean/Principal of the college or the University in original along with attested copies thereof may be submitted along with this application. The originals will be returned along with the registration certificate.
 - (c) Degree in original or provisional certificate from the University/or Dean/Principal of the college that the applicant is eligible for the award of the degree along with attested copies thereof may be submitted along with registration certificate.
 - (d) Duly attested copy of the certificate of practical training. (Compulsory rotatory internship) issued by the Dean/Principal of the college.
 - (e) Two recent passport size photographs front view (write name on reverse)
 - (f) Fees & Mode of Payment:- A fees of Rs. /- for registration by a bank draft in favor of the Registrar, Gujarat State Physiotherapy Council, payable at Ahmedabad. On reverse of the draft following details to be filled by the applicant and duly signed.
 - a) Name b) Fathers name c) Purpose for which the draft submitted d) telephone/mobile no.In case, payment is made in cash then it will be made only to authorized officer in account section of GSCPT.
 - (g) Other documents as mentioned in check list.
2. Following additional documents and fee are required to be submitted in case delay for registration is more than one year.
 - a) An affidavit as per format duly attested by Notary.
 - b) A certificate of benefited and good conduct from the employer, if employed or a certificate from a person of reputed/gazetted officer, if not in employment.
 - c) A Nonrefundable late fee of Rs/- by a bank draft in favor of the Registrar, Gujarat State Council for Physiotherapy, payable at Ahmedabad. If the delay is more than one year & up to 5 years. No late fee for delays of less than one year.
 - d) Additional nonrefundable late fee or Rs/- per year is to be paid if the delay is more than 5 years.
3. Application must be complete in all respects. No alteration will be allowed to be made in the application form after it has been submitted to the council.
4. It is for the information of the candidates that the certificate would be sent by registered post /speed post.
5. Working office hours will be from 10.30 a.m. to 6:30 p.m. (Recess time: 2:00 p.m. to 3:00 p.m.) Monday to Friday.

6. Applicant is advised to retain copy of his/her application and draft for future reference.

FORMAT FOR AFFIDAVIT ON NON JUDICIAL STAMP PAPER OF MINIMUM RS. 10 BY NOTARY

I (full name) _____
do hereby solemnly affirm and declare as under:-

1. That I was a student of BPT or correct nomenclature of qualification if other than BPT at _____ Physiotherapy college from year _____ to year _____

2. That I have completed my compulsory internship training from date/month _____ to date/month _____

3. That I have completed my compulsory internship training for 6 months or more

(Details of Hospital with complete address)

4. That I could not get myself registered with GSCPT due to not existence of physiotherapy council in Gujarat State. (if any other reason please specify)

5. That I have not done any unethical practice after completion of my internship training. However, if any complaint is made against me for unethical practice during this period, I shall be held responsible for the same.

6. That all the facts stated above are true and correct to the best of my knowledge.

DEPONENT

VERIFICATION

Verified at _____ this _____
day of _____ that the contents of this affidavit are true and correct to the best of my knowledge and belief.