



Dr. Vithalrao Vikhe Patil Foundation's  
**COLLEGE OF PHYSIOTHERAPY**

Opp. Govt. Milk Dairy, M.I.D.C., Ahmednagar-414111

**Tel :-**(0241) 2778042, 2777059, **Fax:-** (0241) 2779757

**E-mail:** principal\_physiotherapy@vimscopt.edu.in **Website:** www.vimscopt.edu.in

**Accredited by NAAC with 'A' Grade (CGPA: 3.02)**



**Admission Brochure**  
**B.P.Th.**  
**Bachelor of Physiotherapy**  
**Year 2024-2025**

**Accredited by Grade "A"**

**Institute Established in 2007**

**Affiliated to MUHS, Nashik**

**Approved By Government of Maharashtra**

**Recognized by Maharashtra State Occupational & Physiotherapy Council,**

**Mumbai Recognized by UGC under section 2(F)**

## **Instruction for Students**

All the selected students of **NEET-UG-2024** who have been allotted seat at DVVPPF's College of Physiotherapy, Ahmednagar. Should follow following instructions and accordingly report with all details required for admission process. Kindly Download admission brochure from institute website [www.vimscopt.edu.in](http://www.vimscopt.edu.in)

1. Download & Print this PDF file. READ CAREFULLY ALL DETAILS
2. Student should report personally for admission / admission cancellation in case of up gradation. PROXY will not be allowed for admission process/ Cancellation of admission.
3. Print and fill 2 copies of Application Form.
4. Print and fill 2 copies Original Document Holding Certificate.
5. Print and fill 1 copy of Candidate Information
6. Print and fill 3 copies of Admission Office Order.
7. Print and fill 1 copy of Medical Fitness in the prescribed format **ONLY** By Authorized Medical Practitioner.
8. Print and fill 2 copies of Declaration for hostel accommodation.
9. All Original documents enlisted in the holding certificate will be compulsorily required for admission. Additionally, student should submit 2 set of **SELF ATTESTED** Xerox / photocopies of all original documents.
10. All original Documents **INDIVIDUALLY SCANNED** in **PDF** format only will be compulsory required at the time of admission. Students should scan documents properly through a computer scanner (Size 400 kb only). Please don't use a mobile Scanner for scanning documents. Individual Original Documents should be scanned and renamed appropriately.

**e.g.** Nationality certificate after scanning should be renamed as Name of Student (As mentioned in the allotment letter) Space Nationality Certificate.

Prepare a folder and rename it with the Name of the student, keep all scan documents in this prepared folder for Submission during admission. Scanned documents will be accepted in Pen-Drive. Send all scanned documents together in **One mail only** on [admission@vimscopt.edu.in](mailto:admission@vimscopt.edu.in)

**P.T.O.**

**11.Fees:** Demand draft (DD) of complete fees will be required during the admission process. Kindly note that DD should NOT have any errors/ spelling mistakes in the name of DD as desired. **Error / spelling will not be acceptable, such DD will be rejected. No cash / online transactions will be acceptable. DD in the name of given below.**

**“The Principal, Dr. Vithalrao Vikhe Patil Foundation’s College Of Physiotherapy”**  
payable at **Ahmednagar.**

12.Other Letters / undertaking if required will be taken at the time of admission if permissible within the rules thereof.

13.Submit all documents in a **simple button file Transparent folder as below:**

**On folder Write your Name, Category, admission Quota & Mobile Number with thick permanent marker.**



## ORIGINAL DOCUMENTS HOLDING CERTIFICATE

Received following original documents from Miss / Mr. \_\_\_\_\_

Admitted through State quota for 1<sup>st</sup> BPTTh. Course for the academic year \_\_\_\_\_ at

**DVVPF's College of Physiotherapy, Ahmednagar.**

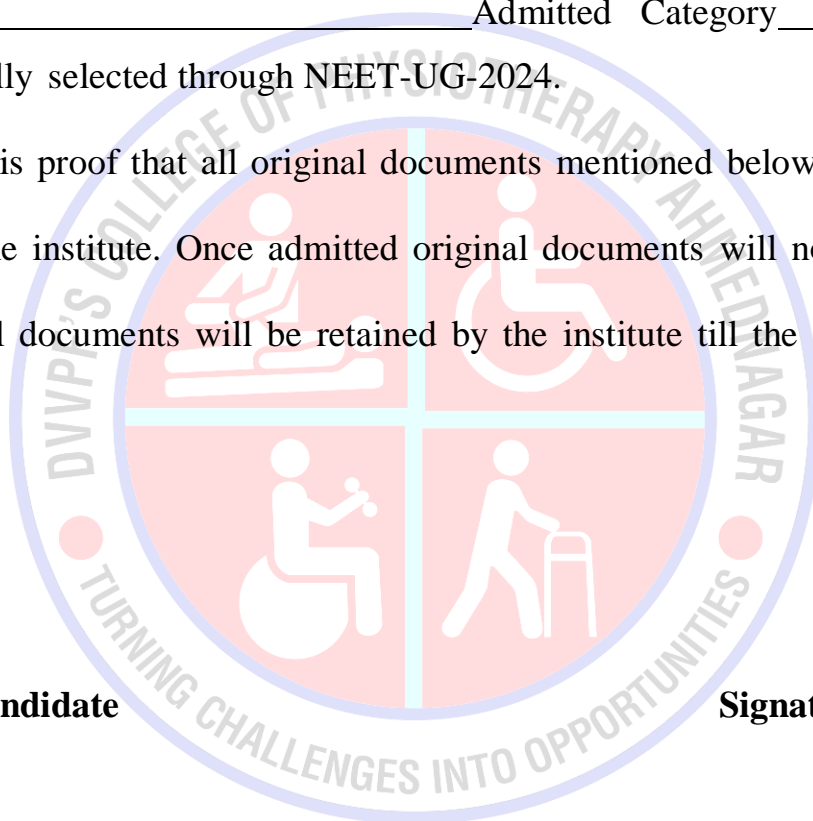
Mr./Ms. \_\_\_\_\_ All India Rank No. \_\_\_\_\_

NEET NO. \_\_\_\_\_ Admitted Category \_\_\_\_\_ have  
been provisionally selected through NEET-UG-2024.

This Certificate is proof that all original documents mentioned below are submitted by the student to the institute. Once admitted original documents will not be given to the student. Original documents will be retained by the institute till the student completes BPTTh. Course.

**Signature of Candidate**

**Signature of Principal**



Note:- (Read Every Point Carefully)

**(ONE ORIGINAL SET OF ALL DOCUMENTS AND THREE XEROX COPIES)  
A SOFT COPY OF EVERY DOCUMENT IS COMPULSORY IN PENDRIVE &  
E-mail to [admission@vimscopt.edu.in](mailto:admission@vimscopt.edu.in)  
List of Documents Required**

**All the documents to be colors scanned less than 400kb in PDF format**

Sr. No.	Document (Colored scan copy)	Student Use (Tick)	OfficeUse
1.	Nationality certificate or valid passport		
2.	Domicile certificate		
3.	Aadhar card (photocopy)		
4.	SSC (10 <sup>th</sup> ) passing certificate		
5.	HSC (10+2) mark sheet		
6.	HSC (10+2) passing certificate		
7.	Admit card NEET - UG -2024 issued by NTA		
8.	Result NEET - UG-2024 issued by NTA		
9.	Proof of identity (pan / driving license / passport )- Photocopy		
10.	Provisional allotment letter generated on – line (for all Student) for state quota candidates, allotment letter / selection list page.		
11.	Caste Certificate (If Applicable)		
12.	Caste Validity Certificate (If Applicable) For Outside Maharashtra Students (Oms) Letter From Magistrate That Your State Does Not Issue Caste Validity Certificate Will Be Compulsory.		
13.	Non- Creamy Layer Certificate... Valid Up To 31/03/2025 (If Applicable)		
14.	EWS Certificate (Annexure –A) By Competent Authority Issued A.Y. 2024-25 (If Applicable)		
15.	SEBC Category Candidate if doesn't hold Cast Validity Certificate (On Rs. 100/- Stamp Paper)		
16.	School Leaving Or Transfer Certificate		
17.	Hilly Area Certificate with parent Domicile Certificate		
18.	Defense Claim (D1/D2/D3): All Certificates As Per NEET UG 2024 Information Brochure... (For State Quota Students Only)		
19.	Physically Handicapped Certificate .... (If Applicable )		
20.	Medical Fitness Certificate in Prescribed Performa		
20.	Income Certificate Issued by the Competent Authority Of Financial Year 2023-2024. (For Maharashtra Candidates Only – Claiming EBC For Fees)		
21.	Self-Education Gap Certificate (Affidavit on Rs.100/- Bond) If Applicable		
22.	Migration Certificate (If Applicable) For Oms		
23.	NEET Exam Hall-ticket of student, Online Downloaded Registration form for NEET Exam & Copy of Online Registration filled on www.mahacet.org		

**Dr. Shyam D. Ganvir**

**Dr. Saqib T. Syed**

**Dr. Deepti Thokal**

Student  
Photograph

# STUDENTS PROFILE

(KINDLY FILL THE FORM IN THE CAPITAL LETTERS ONLY)

Sex: Male/Female

Date of Admission\_\_\_\_\_

AIR No.\_\_\_\_\_

State Rank\_\_\_\_\_

Category Rank\_\_\_\_\_

Admitted under Category\_\_\_\_\_

Sr.No.	PARTICULARS	
1	Last Name	
2	First Name	
3	Middle Name	
4	Mother Name	
5	Name of the Student as per Last Qualifying Degree	
6	Name In Marathi	
7	Date of Admission	
8	Round No.	
9	Address For Correspondence*	
10	Email ID*	
11	Mobile	
12	Gender*	
13	Date of Birth *	
14	Place Of Birth	
15	Aadhaar Card Number	
16	Do You Have a Voting Card?	
17	Voter ID*	
18	Category of the Student	

P.T.

19	NEET Marks*	
20	NEET Percentile	
21	Name of HSC / CBSC / ICSE Board*	
22	HSC / CBSC / ICSE Board Registration No	
23	HSC College Name	
24	Month & Year of Passing	
25	Marks in English	
26	Marks in Physics	
27	Marks in Chem/Math/Comp.Sci. (BASLP)	
28	Marks in Biology/Maths (BP&O)	
29	Total Marks (Phy/Chem/Math/Bio)	
30	Grand Total	
31	Percentage	
32	Student Blood Group	
33	SSC School Name	
34	SSC Month & Year of Passing	

**Declaration by Candidate:**

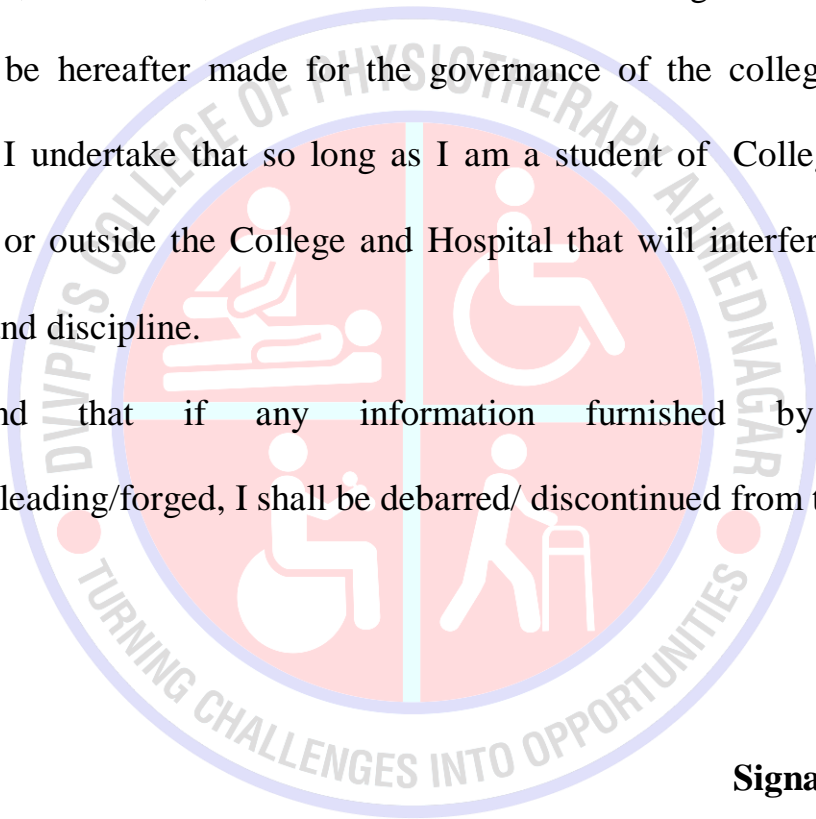
I hereby declare that all statements made in the application form are true, complete, and correct to the best of my knowledge and belief. In the event of any information being found false, my candidature is liable to be cancelled.

Date:        /        / 20

**Signature of the Student**

## **Student Declaration**

1. I declare that, I have read all the Rules of Admission, for the year----- and after ----- understanding these Rules, I have filled out the form for Admission for\_\_\_\_\_I also agree to abide by all the Rules and Regulations Mentioned in the prospectus.
2. I hereby agree, if admitted, to confirm to the Rules and Regulations at present in force or that may be hereafter made for the governance of the college and its attached hospital and I undertake that so long as I am a student of College, will do nothing, either inside or outside the College and Hospital that will interfere with their orderly governance and discipline.
3. I understand that if any information furnished by me is found incorrect/misleading/forged, I shall be debarred/ discontinued from the College.



**Signature of the Student**



**UNDERTAKING**

APPLICANT

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To,

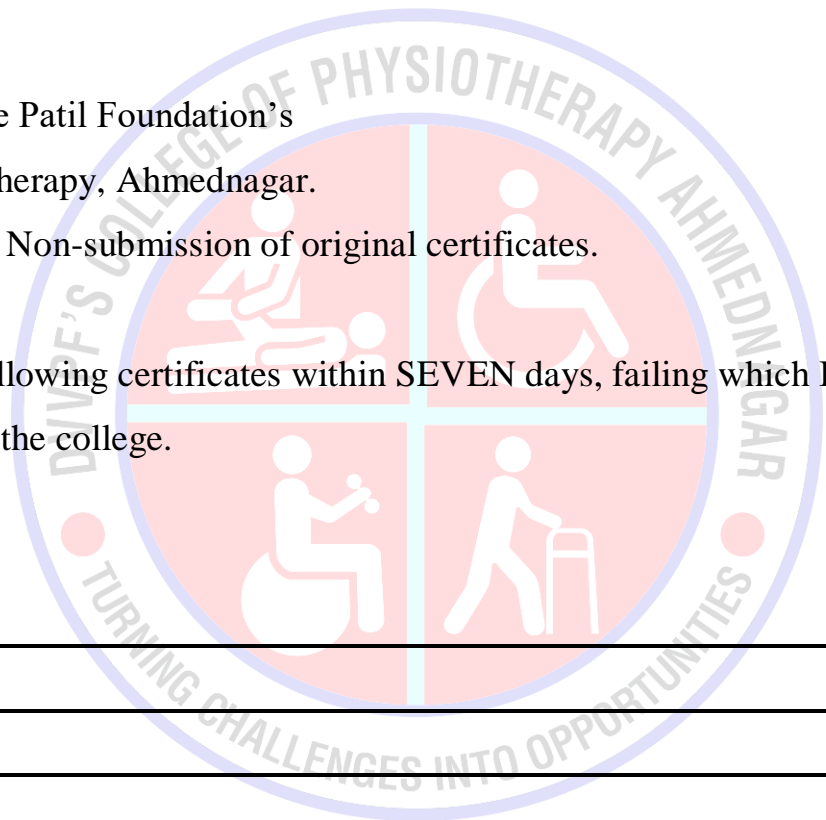
**The Principal,**

Dr. Vithalrao Vikhe Patil Foundation's  
College Of Physiotherapy, Ahmednagar.

Subject: Regarding Non-submission of original certificates.

Respected Sir,

I will submit the following certificates within SEVEN days, failing which I shall be liable for the action taken by the college.



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Signature of the Student**

## **ANNEXURE - J**

### **Status Retention Form**

*(To be sent to Competent Authority by the college)*

Candidate's Name: \_\_\_\_\_ All India NEET Rank

Category: \_\_\_\_\_ NEET UG Roll. No. : \_\_\_\_\_ Region Code: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

To

The Competent Authority,  
NEET UG 2024, Mumbai.

Sir/Madam

I, Mr./Miss \_\_\_\_\_ wish to retain the seat allotted

(Name of Candidate)

to me at \_\_\_\_\_

(Name of the College)

for \_\_\_\_\_ Course in Health Sciences for the academic year 2024-25.

(Name of the course)

#### Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2024-2025. I also declare that I will not ask for reconsideration of my name for further selection process.

**Date:**

**Place:**

**Signature of Candidate**

**Signature of Parent/Guardian**

**Signature of Dean /Principal (with seal)**

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Application Form for  
**Hostel Accommodation**

To,  
**The Principal,**  
DVVPF's College of Physiotherapy,  
Ahmednagar.

**Subject: Application for Hostel Accommodation in College of Physiotherapy.**

**Respected Sir,**

I, \_\_\_\_\_ is  
admitted for Course \_\_\_\_\_ in the academic year \_\_\_\_\_ at DVVPF's  
College of Physiotherapy, Ahmednagar.

I and my parents/ Legal guardian have gone through the SOP for hostel accommodation  
given in the admission manual at the time of Joining. We have clearly understood all rules and  
regulations mentioned in SOP.

I hereby declare that I am suffering from \_\_\_\_\_ disease(S)  
and on treatment. I am receiving following \_\_\_\_\_ drugs  
for my disease element since \_\_\_\_\_ day/ Months/Year. I am not hiding any  
information related to my health issues.

We, hereby undertake and declare that, if hostel accommodation is allotted, I will abide with  
all the rules and regulation mentioned in the SOP. If I break any rule mentioned thereof in the SOP,  
I will be liable for appropriate action.

**Signature of student with Date**

- **Name of the Student:** \_\_\_\_\_
- **Full Address with Pin code:** \_\_\_\_\_
- **Mobile No.** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

**Signature of Parents / Legal Guardian with Date**

- **Name of Parents / Legal Guardian:** \_\_\_\_\_
- **Full Address with Pin code:** \_\_\_\_\_
- **Mobile No.** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

**JOIN UNDERTAKING**

(For all newly admitted students)

Name of the Student: \_\_\_\_\_

Roll No. : \_\_\_\_\_

DVVPF's College of Physiotherapy, Ahmednagar.

We have read Maharashtra Provision of **Anti Ragging act 1999 (Maharashtra XXI III of 1999)** and relevant instructions against ragging. We are well aware of punishment under this act.

If my son / daughter / myself have been found guilty, he shall be punished for appropriate action under the act including imprisonment for a term which may extend to two years with **fine up to Rs. 10,000/-** (Rs. ten thousand) or dismissal from the institute and suspension of student for various periods during inquiry period.

I am also aware of the fact that it will be mandatory for the institute to file First Information Report (FIR) to Local Police Authorities in case victim of ragging or his / her parents / Guardian is not satisfied with the action taken by the Head of the institution or where head of the institution is of the opinion that the incident ought to be reported

Place: -----

Name & Signature of Student

Date: -----

Name & Signature of Parent

**Signature of Member Secretary  
Anti-Ragging Committee**

**Signature of Principal**

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**Note: Student shall submit this undertaking on Rs. 100/- Stamp paper at the earliest.**

# **ADMISSION APPLICATION FORM**

(To be filed by candidate)

<p>Rank / SML. No.-----</p> <p>Marks :-</p> <p>DOB :-</p> <p>Category :- .....</p> <p>Quota :- .....</p>	<p>Name of Candidate :- Shri / Kum.-----</p> <p>-----</p> <p>-----</p> <p>Address :-</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>PH. No. ( Landline) -----</p> <p>Mobile No. -----</p> <p>Date :-</p>
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">Photo</div>	

To,  
The Principal  
DVVPF's College of Physiotherapy,  
Ahmednagar.

**Subject:- Joining in BPTH. course at DVVPF's College of Physiotherapy, Ahmednagar Academic Year 2024-25.**

**Ref.:-** Selection Letter / List: Printout attached).

Respected Sir,

I the Undersigned Shri/ Kum. (Full Name in Capital) -----  
has been selected for 1<sup>st</sup> BPTH. Course in DVVPF's College of Physiotherapy, Ahmednagar as per the selection letter of State List.

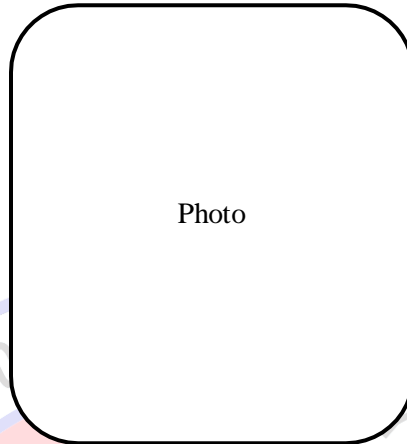
Kindly enroll me in your college as 1<sup>st</sup> BPTH. student for the Academic Year 2024-25. I am submitting herewith the following original Certificate & two set of attested Xerox copies.

Please allow me to join the same.

Thanking you

Yours faithfully,

## Identity Card Information



- Name : .....
- Student : Bachelor of Physiotherapy      Roll No.: .....
- Year : .....
- Date of Birth :     /     /      Blood Group : .....
- Address : .....
- Phone No.: .....

**Principal**