



Banarsidas Chandiwala Institute of Physiotherapy
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EXAMINATION NO DUES FORM

Name _____ S/o, D/o, W/o _____
Program (BPT/MPT) _____ Year _____
Enrolment number: _____ Academic Year _____
Permanent Address _____
Date of Admission / joining _____ Date of Completion / Relieving _____

DUES / DEDUCTIONS STATUS

<u>Section</u>	<u>Dues</u>	<u>Deduction</u>	<u>Signature</u>
Clinic In-charge			
Class In-charge (for labs. /any other dues or issues)			
Librarian			

DECLARATION

I undertake that the above – mentioned particulars are correct. If any information is found wrong I will bear all consequences for the same whatsoever.

Date: _____

Signature of the applicant