



# झारखण्ड राज्य भौतिक चिकित्सा (फिजियोथेरेपी) परिषद्

रिम्स डॉक्टर्स कॉलोनी, रिम्स कम्युनिटी सेन्टर के नजदीक, बरियातु, राँची-834009, झारखण्ड

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मो०नं०-7667494465 / 9835131321 / 9431325996



## APPLICATION FORM FOR REGISTRATION

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

To,  
The Registrar  
The Jharkhand State Council for Physiotherapy  
Ranchi

Affix attested  
photograph

Sir,

I hereby apply to get myself registered with JSCPT under section 33 of the Jharkhand State Council for Physiotherapy Act, 2020. I hereby provide the following information required for the registration.

1. NAME OF THE APPLICANT : (SURNAME) (MIDDLE NAME) (FIRST NAME)  
\_\_\_\_\_ (IN BLOCK LETTERS)
2. GENDER : MALE/FEMALE
3. FATHER'S NAME (FULL) :
4. DATE & PLACE OF BIRTH :
5. ARE YOU A CITIZEN OF INDIA?  
(A) YES (B) NO
6. PRELIMINARY EDUCATION (FULL PARTICULARS OF MATRICULATION OR EQUIVALENT EXAMINATION PASSED WITH THE NAME OF THE BOARD AND YEAR OF PASSING.)

7. DATE OF PASSING 12<sup>TH</sup> CLASS INTER-SCIENCE (BIOLOGY)  
/HIGHER SECONDARY OR EQUIVALENT  
EXAMINATION WITH THE NAME OF  
THE BOARD/COUNCIL.

8. NAME OF THE PHYSIOTHERAPY  
COLLEGE/UNIVERSITY WITH THE  
DATE OF JOINING AND  
COMPLETION.

9. SESSION:

10. WHETHER HE/SHE HAS COMPLETED 6  
MONTHS COMPULSORY ROTARY  
INTERNSHIP WITH THE DATE OF JOINING  
AND COMPLETION.

11. DETAILS OF PAYMENT OF FEES :

(a) PAID BY CASH/DEMAND DRAFT /RTGS /NEFT /UPI:

(b) AMOUNT PAID :

12. DETAILS OF DEMAND DRAFT :-

(a) NAME & ADDRESS OF ISSUING BANK .....

(b) DEMAND DRAFT NO. ....DATED .....

(c) IF AMOUNT IS PAID BY CASH THEN RECEIPT NO. AND DATE AS ISSUED  
BY THE ACCOUNT SECTION OF JSCPT.

13. PRESENT OCCUPATION AND ADDRESS :  
(IN BLOCK LETTERS)

14. PERMANENT ADDRESS :  
(IN BLOCK LETTERS)

15. EMAIL ADDRESS :

16. CONTACT NO :

SIGNATURE OF APPLICANT

DATED : \_\_\_\_\_

PLACE : \_\_\_\_\_