



HORIZON COLLEGE OF PHYSIOTHERAPY

(Recognized by the Government of Maharashtra and
Affiliated to Maharashtra University of Health Sciences - Nashik - Maharashtra)

ADMISSION FORM

BACHELOR OF PHYSIOTHERAPY (B.P.TH) – 4 ½ YEARS



Convened By
Royal Swan Charitable Minority Trust
Vishnupuri, Nanded, Maharashtra



(Affiliated to Maharashtra University of Health Sciences – Nashik – Maharashtra)
Besides Horizon Discovery Academy School, Near SRTM University,
Off Latur Road, Vishnupuri, Nanded, Maharashtra - 431606

Application No. _____

APPLICATION FORM

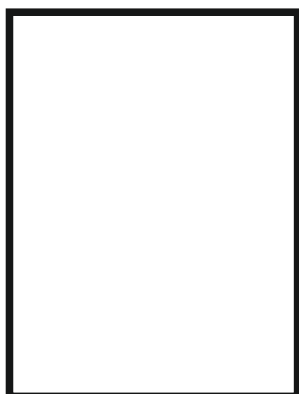
COMMUNICATION:

CONTACT (Give Parent & Self):

Phone: _____

eMail: _____

HOBBIES :



College Seal

POFILE

Name: _____

Father's Name: _____

Mother's Name: _____

Date of Birth: _____ Age: _____

Gender: F / M / O Marital Status: Married / Single

Language Known: _____

EDUCATION

Last Qualification Attained: _____

Name of Last School/College Studied: _____

Group & Subjects Studied: _____

Percentage Scored in Last Class: _____

NEET Appearance (attempts given): _____

Latest NEET Marks: _____

Awards/Honors Achieved in School/College: _____

BACKGROUND

Have you got any friends/family working in MUHS? Yes/No

Have you got any friends/family working in Horizon? Yes/No

Do you have any past/pending criminal conviction? Yes/No

Have you taken or taking treatment for any illness for more than 2 months? Yes/No

Have you applied for any other course to study simultaneously & submitted your documents? Yes/No



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ANY ADDITIONAL REQUIREMENTS

Transportation Yes / No

Hostel Yes / No

College Hours Mess Yes / No

Medical Emergency Yes / No
 (Please Specify the Emerg. Called for)

EMERGENCY CONTACT (Give Full Address & Phone)

DOCUMENT CHECK LIST

S. N.	Document	Mode	Check
1	Completed Application	Original	
2	Class X Marks Memo	Original	
3	Class XII Marks Memo	Original	
4	Class XII Transfer Certificate	Original	
5	Migration Certificate	Original	
6	Study Gap Certificate	Original	
7	Domicile Certificate	Original	
8	Nationality Certificate	Original	
9	Caste Certificate	Original	
10	Parent Salary Certificate	Original	
11	NEET Admit Card & Marks Memo	Original	
12	Allotment Letter from MUHS	Original	
13	Confinement Bond	Original	
14	Fee Undertaking Duly Signed		
15	Anti-Ragging Affidavit	Original	
16	Medical Fitness Certificate	Original	
17	Disability Certificate (For PWD)	Copy – 5 Nos	
18	Colour Passport Size Photograph	10 Nos	
19	Aadhaar	Copy – 5 Nos	

Note: All Documents should be deposited with the College, will be returned on completion of the course, at the end of 4 ½ Years.

No Documents will be given in between or during the course duration for any so reason.

HELP LINE

ADMINISTRATIVE OFFICE

Phone – 7588525738,
 9075017931 9000300416

E mail – horizonphysioned@gmail.com

STUDENT BANK ACCOUNT DETAILS

Name (as in account): -----

Account No.: -----

Bank Name: -----

Branch Location: -----

IFSC CODE: ----- Place: -----

Signature of Student

Name:

Place:

Date:

Signature of Parent/Guardian

Name:

Place:

Date:

College Seal



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FOR ADMINISTRATIVE OFFICE USE ONLY

Particulars	Remarks	Signature
All Documents Received in Order	Yes / No	
All Documents Verified in Orders	Yes / No	
Student Provisionally Admitted to the Course	Yes / No	
Admitted Academic Year		
Expected Year of Completion		
Date of Admission		
Application Number		
College Enrolment Number		
University Registration Number		
All Entries Verified by		
All Entries Checked by		

Notes For Trustees

For Administrative Office

Signature of Custodian

Name:

Date:

Place:

Time:

College Seal

Office Stamp

BOND OF CONFINEMENT

Between

1. **First Party**

Horizon College of Physiotherapy, Near SRTM University, Off Latur Road, Vishnupuri, Nanded, Maharashtra – 431606, through Mr. Sanjay. R. Ruikar, Secretary, Royal Swan Charitable Minority Trust, Vishnupuri, Nanded, Maharashtra.

And

2. **Second Party**

Kumari/Srimathi/Sri aged Daughter/Wife/Son of
residing at On the day of

That, the Second Party comes into the acceptance of the terms and conditions as laid down by the First Party as follows –

1. They will pay all the inscribed amount of money to the First Party as College Fees in full or in three terms, year wise till the completion of the Physiotherapy course programme conducted in the said College Campus located at the above-mentioned address.
2. Once enrolled and get Registered as a Provisional Student will comply to all the Rules, Regulations, Orders and such Other Uniform Activities drafted by the College and the MHUS – Nashik – Maharashtra as a requirement to fulfill and complete the admitted course of study.
3. All those present or in training or student practice or posted for Practical Training and Clinical Posting should follow all the instructions given by the Teacher, Advisor, Resource Personal with no hesitation and lore.
4. During the posting in Clinical Training and Compulsory Rotatory Internship (CRI) no student will be entitled for a stipend unless and until the order received by the College from the MHUS – Nashik – Maharashtra, to obey so.
5. You are at no cost entitled and/or authorized to guide, alter, change, suggest treatment plan of the patients at the hospitals posted for clinical facilities.
6. Stringent Administrative and Disciplinary action will be taken by the College in case of any notice of misbehavior, misconduct, gender discrimination, harassment of physically challenged, damages caused to the inhouse or clinical facility or hostel property, undue usage or wastage of utilities.
7. On instances of any powering behavior brought to the hierarchy of the College will have an irrevocable unfettered right to restrain from entering the campus, clinical facility and hostel and/or forceful expulsion from the course in no request of any show-cause.
8. On deposit of all the required academic credentials to the College during the enrollment of the course and on successful registration with the MUHS, as a Governing Policy, No Document will be given back till the completion of entire 4 ½ Years of Bonafide Studentship or Study Period.
9. In amendment and accordance to UGC and MUHS obey the guidelines given in Anti-Ragging Policy as per the undertaking given.

10. After the successful registration, with MUHS, in the process of 4½ Years course duration, depending on any unwarranted situational demand, if forced to discontinue the study, no previously deposited academic credentials and this College Testimonials (Transfer Certificate, Conduct, Study Certificates) will be issued until you are forfeit to pay the entire fees prescribed, at the time of enrollment, for the discontinuing year of study and a penalty fees of successive year in full with no demand of concession and/or part payments in request. This clause is for the resistance of allotted seat with the intension of No Gain-No Loss policy to the College.
11. The Refund of Caution Deposit made under tuition fee will be done only at the end or after successful completion of the full course duration with required deductions for what so ever damages & loss caused by the student.
12. The Refund of Caution Deposit made under hostel fee, if availed by the student, will be done only at the beginning of every consecutive academic year, with required deductions for what so ever damages & loss caused by the student.
13. At no cause and cost none of the institution's stigmatizations – those include the Prescribed Title of College and Trust, it's Holograph and Emblem and such other relates – in and to any source until permitted or considered to requisition or requirement by the institution.
14. The registered course will be deemed to be complete on successful completion at the end of 4 ½ Years or on extension for any so reason from your side (including the completion of CRI).
15. No testimonials will be issued to the student from the college as long as the course is fully completed.

This confinement will be in force primarily up to 4 ½ Years of course duration from the time of first day of commencement of course. If either of the parties intends to discontinue, they can do so by morally following the clause no. 10. The processing time to relive and deregister from the attendance roll will be 45-60 days minimum. At the same time, on successful completion of course within the stipulated time frame or on extension for what so ever reason from your side shall stand terminated.

Place: Nanded

Date:

First Party

Mr. Sanjay. R. Ruikar
Secretary

Royal Swan Charitable Minority Trust

Second Party

For

Horizon College of Physiotherapy,
Near SRTM University,
Off Latur Road, Vishnupuri,
Nanded, Maharashtra – 431606.

Witness (Signature with Full Name & Phone number)

1.
2.
3.

ANTI-RAGGING AFFIDAVIT

Instructions:

- A. This proforma is to be submitted by all current students who have enrolled and got registered in this institution.
 - B. The proforma is to be submitted on a Non-Judicial stamp paper of Rs. 100/- and duly notarized.
 - C. This affidavit should be signed by the students along with their Parents (both Father & Mother).
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PART I - UNDERTAKING BY THE STUDENT

1. I,, bearing admission/registration number, Daughter/Son/Wife of, having been admitted to Horizon College of Physiotherapy, Vishnupuri, Nanded, Maharashtra, have received a copy of the UGC Regulations on, "Curbing the Menace of Ragging in Higher Educational Institutions, 2009" (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 8 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a. I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 8 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

PART II - DECLARATION BY THE PARENT

1. We, Mr./Mrs./Ms. (full name of both parents), parents of, having been admitted to Horizon College of Physiotherapy, Vishnupuri, Nanded, Maharashtra, have received a copy of the UGC Regulations on, "Curbing the Menace of Ragging in Higher Educational Institutions, 2009" (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. We hereby solemnly aver and undertake that
 - a. My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
3. We hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 8 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
4. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this day of month of year.

Signature of Father
Name:

Signature of Mother
Name:

Signature of Student
Name:

Full Address

Witness (Sign with Full Name & Phone number)

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.....
.....
.....
.....

1.
2.
3.

Phone

eMail



Vishnupuri, Nanded, Maharashtra - 431606

TUITION FEE FOR ACADEMIC YEAR 2021-2022

Sl. No.	Particulars	Course Fee (Specified & Variable)					Remarks
		I Year	II Year	III Year	IV Year	CRI	
1	Prospectus	3,000.00	---	---	---	---	Tuition Fee may vary depending on the FRA Regulations, a Fee Undertaking has to be signed by the Student & Co-Signed by Parent
2	Tuition	80,000.00				20000.00	
3	CDF	8,000.00	---	---	---	---	
4	Registration (MUHS)	As Given by MUHS	---	---	---	---	
5	e-Library, WiFi & Communication Skills	3,500.00	3500.00	3500.00	3500.00	3500.00	
6	Clinical Attachment	1,800.00	1800.00	1800.00	1800.00	6000.00	
7	Transportation	To pay separately if required by the student May vary based on the fuel cost fluctuation					
	a. *Usage						
	b. Access	8,000.00	8000.00	8000.00	8000.00	12000.00	
8	ID Card +Apron +Scrub	3,000.00	500.00	500.00	500.00	500.00	If lost has to pay fresh for reissue
9	Certifications & Transcript	---	---	---	---	10000.00	Rs. 5000.00 will charged for Duplication
	Total	1,07,300.00	13,800.00	13,800.00	13,800.00	52,000.00	
			+ Tuition & CDF	+ Tuition & CDF	+ Tuition & CDF		Based on Annual final FRA Decision
10	Caution Deposit (Refundable)	10,000.00	---	---	---	---	Refund will be done only at the end or after successful completion of the full course duration
	Total including Sl. No. 10	1,17,300.00					
11	Transportation Usage, if required by the student	18,000.00	May vary based on the fuel cost fluctuation				
	Total including Sl. No. 11	1,35,300.00					

NOTE

Usage Charges depend on the necessity of the student to reach the College from Home and Return.

For Transportation Access Charges are to be paid by all students from Campus to all Clinical Visits, Field Visits and Other Academic Activities.

Convocation (MUHS) Fee extra, to be paid on successful completion of the course at the end of the CRI

ID Card + Apron + Scrub - if lost, is to be taken by paying the said Fee again (no student will be allowed to enter the College Campus and/or Clinical Facilities and Library without presenting their ID and properly labelled Apron)

HOSTEL FEE – STARTING ACADEMIC YEAR 2021-2022

Sl. No.	Particulars	Fees					Remarks
		I Year	II Year	III Year	IV Year	CRI	
1	Lodging	30000.00	30000.00	30000.00	30000.00	13000.00	
2	Boarding	36000.00	36000.00	36000.00	36000.00	18000.00	
3	Cleaning & Maintenance	3000.00	3000.00	3000.00	3000.00	3000.00	
4	Laundry	6000.00	6000.00	6000.00	6000.00	6000.00	
	Total	75,000.00	75,000.00	75,000.00	75,000.00	40,000.00	
5	Caution Deposit (Refundable)	25,000.00	Refund will be done only at the beginning of every consecutive academic year, with deductions for what so ever damages & loss caused by the student				
	Total including Sl. No. 5	1,00,000.00					





TUITION FEE UNDERTAKING BY STUDENT

I,, Son/Daughter/Wife of, R/o, declare to state that along with my Parent/Guardian/Spouse have clearly understood the Tuition Fee prescribed by the College is as given by the Maharashtra State Fee Regulating Authority (FRA) and as stated by them it may either increase or decrease every year till the completion of the course. Therefore, based on the changes given by the FRA, from time to time, if the following/consecutive year fees change increase I will pay the increased Fee or if reduced will get adjusted with the following/consecutive year fee and if it is at the end of the course period will get a refund from the college.

Owing to this, I, along with my Parent/Guardian/Spouse promise to abide by the undertaking and confirm that on any disagreement, for any said reason there off, in this concern, will be liable to face all the penalty charges penned alongside my admission by the college.

Signature of the Parent/Guardian/Spouse

Signature of the Student

Admission No:

Date:

Place:

Witness (with Full Name, Address & Phone No.):

1.
2.
3.

MEDICAL CERTIFICATE

Demography		
Name of the Applicant		Applicant Photograph, Attested by Medical Practitioner
Date of Birth		
Age		
Sex	Female / Male / Other	
Status	Married/Single	
Adress		
Phone No.		
Examination Done as Under		
Particulars	Observation	Result
Hair Colour		Specify Colour
Eye Colour		Specify Colour
Weight		Under / Normal / Obese
Hight		
Blood Pressure		Normal / Hypertensive
Pulse		Normal / Abnormal
Blood Group		
Mental Status		Normal / Abnormal
Chest (Please mention any associated disease condition)		Normal / Abnormal
Lungs (Please mention any associated disease condition)		Normal / Abnormal
Tuberculosis		Yes / No
HbSAg		Positive / Negative
HIV		Reactive / Non-Reactive / Indeterminate
HCV		Reactive / Non-Reactive
COVID19 (Please mention if vaccinated)		Positive / Negative
Diabetes		Diabetic / Non-Diabetic
Physically Challenged (Please mention the type of challenge faced)		Mention the percentage & attach attested disability certificate copy
Recent affected with any Infectious Diseases (If Yes, Please mention the disease)		Yes / No
Allergy (Please Specify)		Yes / No
Any other (Please Specify)		Yes / No
Please attach attested copies of lab results, COVID19 report and disability certificate along with this		

DECLARATION

I, Dr....., Regd No., of Clinic/Hospital located at, here by certify that I have medically examined the above mentioned applicant and declare He / She / Other is Medically Fit / Not Fit to endure the Physiotherapy Course of Study in your College / Institution.

Place:
Date:

Signature of Medical Practitioner
Stamp & Clinic / Hospital Seal



Note



Managed by Royal Swan Charitable Minority Trust's, Nanded
Affiliation of The Maharashtra Health University - Nasik



Address:

**Beside Horizon Discovery Academy School,
RCMT Campus, Off Latur Road,
Vishnupuri, Nanded**

For Admission enquiries contact:

7588525738 | 9075017931

Email us on: horizonphysioned@gmail.com

www.horizonphysio.in

@DuotoneAdvt. 9158844170 | dtoneimedia@gmail.com