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## HARYANA STATE COUNCIL FOR PHYSIOTHERAPY

(See Rule 26)

### APPLICATION FORM FOR REGISTRATION

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

To

The Registrar,

Haryana State Council for Physiotherapy,

Panchkula.

Sir/Madam,

I hereby apply to register my name in the Register of Physiotherapy maintained by the Council under section 29 of the Haryana State Council for Physiotherapy Act 2020. I give the following information required for the registration of my name.

Paste Recent  
Passport size  
Photo

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

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**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 examinations passed with name of examining Body and with the year of obtaining.

Name of Examining Body \_\_\_\_\_

Passing Year \_\_\_\_\_

**7. Date of Passing 12<sup>th</sup> 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 year of joining and leaving**

Name of College: \_\_\_\_\_

Month & Year of Joining: \_\_\_\_\_

Passing Month & Year (without internship): \_\_\_\_\_

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 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, Haryana State Council For Physiotherapy preferably from SBI or any nationalized bank, must be payable at Panchkula branch only)

13. Present occupation and Address (IN BLOCK LETTERS):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Permanent Address (IN BLOCK LETTERS):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. E-Mail address : \_\_\_\_\_

16. Mobile No. 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Dated**

**Place:**

**Signature of the Applicant**

**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 honour 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 33 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 Demand Draft for Rs. \_\_\_\_\_
2. Name of Bank \_\_\_\_\_
3. Branch \_\_\_\_\_  
(a demand draft on the name of Registrar, Haryana State Council for Physiotherapy preferably from SBI or any nationalized bank, must be payable at Haryana branch only.) 

YES	NO
-----	----
4. Application Form printed on ledger paper only in legal size on one side of page 

YES	NO
-----	----
5. A degree or provisional certificate from the University 

YES	NO
-----	----
6. Internship Completion Certificate / Transcript 

YES	NO
-----	----
7. Course Completion / Attempt Certificate issued by the Physiotherapy College 

Yes	NO
-----	----
8. 10<sup>th</sup> pass Certificate for verifying the date of birth or school leaving certificate 

Yes	NO
-----	----
9. Pass Certificate of 12<sup>th</sup> class or equivalent examination /School leaving certificate 

Yes	NO
-----	----
10. An affidavit for delay in applying for registration, if delay in applying for registration is more than 30 days after completion of internship. 

Yes	NO
-----	----
11. Photo Identity Proof 

Yes	NO
-----	----
12. Address Proof 

Yes	NO
-----	----
13. Two Photographs with full name written on back side of Photos 

Yes	NO
-----	----
14. Proof for name change if applicable 

Yes	NO
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**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**APPENDIX-I****INSTRUCTION**

1. The application form should be properly and neatly filled in capital letters and should be duly signed by the candidate, the photo and photo copies of the documents wherever required should be self- attested. The application should be submitted along with following documents:
2. 10<sup>th</sup> pass Certificate for verifying the date of birth or school leaving certificate
3. 12<sup>th</sup> pass Higher Secondary Certificate for verifying subject Physics, Chemistry and Biology.
4. Aadhar Card
5. Certificate of having passed the BPT examination issued by the Dean/ Principal of the college or the University with attested copies thereof may be submitted along with this application.
6. Degree 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.
7. Course Completion Certificate from College.
8. Duly attested copy of the certificate of practical training. (Compulsory Rotatory internship) issued by the Dena/Principal of the college.
9. Two recent passport size photographs of the candidates must be attached with the registration form (one photograph attested and one photograph without attested.)  
Passport size photo requirements as follow: -
  - Photo against white background
  - Straight Face.
  - No Cap, No Mask, No Duppatta on head, No fashion googles.
  - Regular spectacles are worn by the candidates are acceptable.
10. Fee & Mode of Payment: A fees of **Rs. 4,000/- + 720/- (18% GST)** for registration by a bank draft in favour of the Registrar, Haryana State Council for Physiotherapy, payable at Panchkula, Haryana. 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.
11. Other documents as mentioned in check list.
12. Following additional documents and fee are required to be submitted in case delay for registration is more than one year.
  - a) An affidavit it 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 / gazette officer, if not in employment.
13. 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.
14. It is for the information of the candidates that the certificate would be send by the registered post/speed post.
15. Working office hours will be from 10:00 am to 5:00 pm from Monday to Friday.
16. Applicant is advised to retain copy of his/ her application and draft for future reference.
17. Application is to be send to following address :-

**HARYANA STATE COUNCIL FOR PHYSIOTHERAPY, Plot No. 9, DHL Square, 4<sup>th</sup> floor, Sector-22, Panchkula. E-mail :- [registrar-hscp.dmer@hry.gov.in](mailto:registrar-hscp.dmer@hry.gov.in)**

**FORMAT FOR AFFIDAVIT ON NON-JUDICIAL STAMP PAPER OF MINIMUM  
Rs. 10 BY NOTARY**

(Full Name) \_\_\_\_\_

Do hereby solemnly affirm and declare as under: -

1. That I was a student of BPT or correct nomenclature of qualifications 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 month or more  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- (Details of Hospital with complete address)
  
4. That I am not registered with any other Council in India.
  
5. That I could not get myself registered with due to not existence of physiotherapy Council in Haryana State. (if any other reason please specify)  
\_\_\_\_\_  
\_\_\_\_\_
  
6. 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.
  
7. 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.

**HARYANA GOVT. GAZ. (EXTRA.), MAR. 31, 2020****FORM**  
**[See rule 26(3)]****Form of Application for Registration of Additional Qualification**

To,

The Registrar,  
Haryana State Council for Physiotherapy,  
Panchkula.

Sir/Madam,

I request you to register my additional qualification, which is a recognized qualification under the Haryana State Council for Physiotherapy Act, 2020.

My name and other particular are stated below.

Name in full: \_\_\_\_\_

(Beginning with Surname and including Father's/Husband's name in block letters only)

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

Maiden name and surname in the case of married woman:

(Beginning with Surname in block letters)

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Description of earlier qualifications: \_\_\_\_\_

with name of University of Institution

Description of additional qualifications: \_\_\_\_\_

sought to be added.

Name of the University or Institution. \_\_\_\_\_

which has awarded additional Qualification.

Any previous Registration No. and Part of Register: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

The requisite fees of Rs. 4000/- (Rupees Four Thousand Only) is sent by Demand Draft.

My Registration Certificate and Certificate of additional qualification (with two attested copies) are sent herewith. I request you that this additional qualification may please be entered on the Register of the Council and also on my Registration Certificate and Original Certificate of additional qualification may please be returned to me as soon as possible.

**Yours faithfully**  
**(Signature)**

Date: \_\_\_\_\_

**Instructions:**

- (1) All particulars in the application shall be filled by the applicant only.
- (2) All particulars should be correctly filled in a neat and legible hand.
- (3) The fee for registration of additional qualification should be sent in person by Demand Draft **Rs. 4,000/- + 720/- (18% GST)** in favour of the Registrar, Haryana State Council for Physiotherapy, payable at Panchkula, Haryana.