Chanakya National Law University, Patna

(University established by Act No. XXIV of 2006)

Nyaya Nagar, Mithapur, Patna- 800001 (Bihar)

Advertisement No. 33/2025-26(Appt.) **Date: 25.11.2025**

APPLICATION FORM FOR THE CONTRACTUAL POSITION OF PHYSIOTHERAPIST-CUM-SPORTS THERAPIST

*Affix your latest coloured photograph and sign **across***

Name of the Applicant (CAPITAL LETTERS) : _____

Date of Birth (DD-MM-YYYY) : _____

Age in years as on 25.11.2025 : _____

Gender (Male/Female/Transgender) : _____

Father's Name : _____

Mother's Name : _____

Correspondence Address : _____

_____

_____

Pin Code: _____

Permanent Address : _____

_____

_____

Pin Code: _____

Mobile No. : _____

E-mail ID : _____

Marital Status : _____

Nationality : _____

Registration No. of MPT : _____

Category : _____

[**(i)** Unreserved (UR), **(ii)** Unreserved (Female), **(iii)** Economically Weaker Section (EWS), **(iv)** EWS (Female), **(v)** Backward Classes (BC), **(vi)** Backward Classes (Female), **(vii)** Extremely Backward Classes (EBC), **(viii)** Extremely Backward Classes (Female), **(ix)** Scheduled Caste (SC), **(x)** Scheduled Caste (Female), **(xi)** Scheduled Tribes (ST)]

If, Physically Disabled :

(a) Indicate category (OH/VH/HH) : _____

(b) % of disability : _____(Copy to be enclosed)

Academic Qualifications:

Name of the Degree	Name of the School/Institute	Board/ Council Name	Passing Year	Marks in Percentage/ CGPA / Grade	Annexure No.
Master of Physiotherapy					
Bachelor of Physiotherapy					
12th (Intermediate)					
10th or Equivalent (For verification of age)					
Other, if any					

Experience Details:

SI. No.	Name of the Organization/ Institution/ University	Date of Joining	Date of Leaving	Annexure No.
1.				
2.				
3.				
4.				
5.				

DECLARATION:

Certified that:

(a) The information given herein is complete and correct.

(b) No disciplinary proceeding is pending or contemplated against me.

(c) I have never been dismissed from service nor debarred from holding any future appointment nor convicted for any offence.

(d) In case of concealment/ suppression of fact(s), which may be detected at any stage in future, my candidature is liable to be cancelled/ terminated, as the case may be, without notice.

Note : Please specify if any criminal case is pending against you.

Date:…… **(Signature of Applicant)**

LIST OF SELF-ATTESTED DOCUMENTS ATTACHED
(ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW).
PLEASE FILL THE ENCLOSURES ATTACHED DOCUMENTS
(PLEASE GIVE SEQUENTIAL NUMBER TO EACH PAGE).

SI. No.	Particulars	Annexure No.	Page Number From — To
1.	Master of Physiotherapy		
2.	Bachelor of Physiotherapy		
3.	12th (Intermediate)		
4.	10th or Equivalent (For verification of age)		
5.	Experience Certificate		
6.			
7.			
8.			

NOTE : The candidate is requested to submit the self-attested documents as mentioned above.