Group No	From, Name: Address:	
	Address.	
	Mobile:	
	Date:	
To The Principal, The Sarvajanik College of Physiotherapy Badatwadi, Chhada-Ole, Surat.		
Subject: Application for Original documents, library deposit and other documents.		
Respected Sir/Madam,		
I undersigned Ms/Mr is /was regular student of BPT course in this college. I joined the course in at the time of joining I surrendered the original documents. I completed the course on Hence I request you to kindly provide me the following documents.		
<ol> <li>Original documents</li> <li>Course completion certificate</li> <li>Internship completion certificate</li> <li>Attempt certificate.</li> </ol>		
Please return my library deposit also.		
Here by I attached the following documents in sup	port of my application	
(Student's Sign)		
Encl. 1. NOC Certificate 2. All four years mark sheet (Xerox) 3. Library deposit receipt (Original) 4. Internship log book 5. Passport Size Photo – 1		

6. Bank Passbook First page (Xerox)

## THE SARVAJANIK COLLEGE OF PHYSIOTHERAPY

## **NO DUE CERTIFICATE**

Batch Year: From to Inter	nship Completion Dt.:	
Mobile No.: E-mail ID:		
This is to certify that		
cleared all his/her due and we have no objection in releasing his/her from Institute.		
Sr. Departments No.	Sign & Dt. (Remarks, if any)	
01 Adult Neuro Physiotherapy OPD		
02 Pediatric Neuro Physiotherapy OPD		
03 Musculoskeletal Physiotherapy OPD		
04 Cardiopulmonary Physiotherapy OPD & IPD (Lockhat Hospital)		
05 Research Laboratory		
06 Hostel		
07 Library (Submit library original cards & a copy of Research Project for NOC)		
08 Accountant		

Hereby I declared that my no dues towards the institute certificate. In chase any due is found at a letter date, I hereby give my consent to pay the due to the institute.

(Student's Sign) (Office Superintendent) (Principal I/c)