

**Specialty:** \_\_\_\_\_

From,  
Name :  
Address :

Mobile :  
Date :

To  
The Principal,  
The Sarvajani 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 MPT 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.

1. Original documents
2. Course completion certificate
3. Attempt certificate.

Please return my library deposit also.

Here by I attached the following documents in support of my application

\_\_\_\_\_  
(Student's Sign)

- Encl.
1. NOC Certificate
  2. First & Second Year MPT Mark Sheet (Xerox)
  3. Library deposit receipt (Original)
  4. Passport Size Photo
  5. Bank Passbook First page (Xerox)

# **THE SARVAJANIK COLLEGE OF PHYSIOTHERAPY**

## **NO DUE CERTIFICATE**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Batch Year: From \_\_\_\_\_ To \_\_\_\_\_

Mobile No.: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

This is to certify that \_\_\_\_\_ a student of MPT has cleared all his/her due and we have no objection in releasing his/her from Institute.

<b>Sr. No.</b>	<b>Departments</b>	<b>Sign &amp; Dt. (Remarks, if any)</b>
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 Dissertation for NOC)	
08	Accountant	
09	Guide (Based on student's Academic activities & other if any)	

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)**