



Maharashtra State, OTPT Council, Mumbai

St.George's Hospital Campus, Near CST, Mumbai-400001

भाग चार-ब | महाराष्ट्र शासन राजपत्र,असा .,सप्टेंबर १४, २००७/भाद्र २३,शके १९२९ १४२२

Email.ID – otptcouncil@gmail.com , Web-Side – www.msotptcouncil.com Contact No.022-22620408

(See rule 79)
Form of Application for Registration

(For Office use) Registration Date. :

Registration No.:

To,
Registrar,
Maharashtra State OT PT
Council, 4th Floor, Saint Georges
Dental College, P D'mello Road,
Near CST station, CST , Mumbai -
400001.

Sir,

I request you to register my name under the Maharashtra State OT PT Council Act II of 2004 and further to issue certificate of registration to me. My particulars are as follows:

Recent Photo

(4.5 X 3.5 cm)

attested by

Principal of U.G

college.

Name of Applicant	:			
		(First Name)	(Middle Name)	(Surname)
Name in Devnagari	:			
Name of Father	:			
Name of Mother	:			

In Case of Married Women

Maiden Name	:			
		(First Name)	(Middle Name)	(Surname)

Name of Husband:

Name	:			
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PERMANENT ADDRESS: VILLAGE/TOWN ___ TALUKA ___ DISTRICT ___
STATE ___ PIN ___
TELEPHONE (RES) ___ (CLINIC) ___ MOBILE ___
EMAIL ID ___

PRESENT ADDRESS FOR COMMUNICATION: _____
PIN _____

PURPOSE OF REGISTRATION:

Higher Education (PG)

Private Practice

Service

Nationality: Indian

Other

Specify _____ Name of country

Sex : Male Female

1. Date of Birth of the Applicant	DD	MM	YYYY
Name of the qualifying Examination	B.O.Th. / B.PTh	Any Other (Specify) :	
Duration of Course			
Name of the educational Institution and place from where the applicant completed his course			
Name of the Statutory University and place to which the said Institution is affiliated			
Date of passing the qualifying examination	DD	MM	YYYY

1. Name of the institution in which undergone Internship			
2. Date of starting Internship	DD	MM	YYYY
3. Date of Completion in Internship	DD	MM	YYYY
Specimen Signature of Applicant			

In case of Applicants registered with another Regulatory Licensing Authority in India / Abroad

Name of the Regulatory Authority	:				
State and Nation	:				
Registration Number	:	Valid upto :	DD	MM	YYYY
Conditions mentioned on the Licence (If any)	:				

I have enclosed following certificates in original along with their 2 photocopies : (Attested by gazetted officer)

1. Proof of date of birth. (Birth certificate /Domicile Certificate/ Valid Passport)
2. School / College Leaving
3. Degree certificate issued by recognized university.
4. Passing Certificate issued by University.
5. Certificate satisfactory completion of internship issued by the University
6. Proof of change of name in case of married woman desirous of registration in new name (Registration of marriage certificate, Govt. gazette).
7. HSC & SSC passing certificate
8. Three copies of latest photographs with apron (1 photo of Size 4.5X 3.5cm, 2 photos of Size 3.5 X 3.5 cm, 1 photo of Size 2.5 X 2.5 cm)
9. Certificate of Registration issued by State Council (for other state candidate).
10. Demand Draft No. _____ Date _____ Rs. 3000/- Rs. Three Thousand Only
(Maharashtra Colleges passed out students) / Rs. 5500/- Rs. Five Thousand Five Hundred Only (outside Maharashtra Colleges passed out students)
Name of Bank _____ Place of issue _____
favouring **Registrar Maharashtra State OT/PT Council** payable at **Mumbai** of Nationalized /Scheduled Bank.

DECLARATION

I have carefully read the instructions. I certify that the particulars furnished above are true to the best of my knowledge and belief. I understand that Occupational therapy / Physiotherapy practice without a valid license is not official and lawful. I undertake to inform any change in my postal address due to change in my ordinary place of clinical practice.

I am aware of legal consequences of misleading the Maharashtra State OT
PT Council.

Date :

Place :

(Signature of the Applicant & Name)

FOR OFFICE USE ONLY

Particular of Payment:	Rs.		Permanent Registration Certificate sent by Speed Post at : _____ _____ _____ On : _____
Receipt No. and Date			
Signature of the Clerk			
Name of Clerk			

- Note : 1) Instruction sheet attached.
2) Read the instructions carefully before filling the form.
3) Incomplete application form will be rejected

MAHARASHTRA OT PT COUNCIL
Instructions for filling up the Application form for Registration

INSTRUCTIONS

Application needs to be filled in by the applicant in his / her own handwriting. All particulars should be filled in neat legible hand and in block letters; (i.e. no running hand). No short forms should be used. The applicant must ensure that the name entered in the application form exactly corresponds with his / her name with supporting documents.

Name :

1. In all boxes of names, fill in the name in Roman as well as Marathi Script.
2. Married women applying for registration should write their maiden name in the first box. They should indicate their name after marriage in the bold bordered box.

Application should be submitted to council office. Do not send it by post.
All original certificates should be carried at the time of submission for verification.

PAYMENT INSTRUCTION

Registration fee of Rs. 3000/- (For Candidates graduated from Maharashtra Colleges) & Rs.5500/- (For Candidates graduated outside Maharashtra Colleges) will be accepted by Demand Draft only, drawn on any Nationalized / Scheduled Bank in favour of Registrar, Maharashtra State OT / PT Council, payable at Mumbai.

ACCEPTANCE OF APPLICATION

Duly filled in Application Forms will be accepted Monday to Friday, on 1st & 3rd Saturday (excluding Holidays) during 11.00 a.m. to 1.00 p.m. An incomplete form or the one not accompanied with valid payment will not be accepted.

No correspondence in this regard will be entertained.

PRESERVATION

This Certificate of Registration is to be preserved by the Registered Occupational therapy / Physiotherapy practitioners carefully. It is required to be displayed at the normal place of clinical practice.

Registrar