Gujarat State Council for Physiotherapy
Gujarat State
ગુજરાત સ્ટેટ કાઉન્સીલ ફોર ફીઝીયોથેરાપી - ગુજરાત રાજય

Government Spine Institute, Civil Hospital Campus, Asarwa, Ahmedabad-380016. Ph. : 079-22684201

ગર્વમેન્ટ સ્પાઇન ઇન્સ્ટીટયુટ, સીવીલ હોસ્પિટલ કમ્પાઉન્ડ, અસારવા, અમદાવાદ - ૩૮૦૦૧૬. ફોન : ૦૭૯-૨૨૬૮૪૨૦૧

Ref. No. : GSCPT/42/2016-17. Date : 5/12/16

CIRUCULAR

To,
Deans/Heads of Institutions,
All Physiotherapy Colleges,
Gujarat State.

Subject: Regarding issuing necessary certificates for registration of graduates with GSCPT

All the Principals/Directors/Deans/Heads of Institutions/Managing Trustees are informed to follow below mentioned instructions:

1. All the students must be issued Internship Completion Certificate preferably in prescribed format by the college. This certificate must be issued by college even if student has done internship from out of college. Certificate issued by Hospital will not be considered valid for registration with Council.
2. All the students must be issued Course Completion Certificate preferably in prescribed format by the college.
3. If student applies for above mentioned certificates in duplicate due to loss/damage to original certificates, duplicate certificates can be issued by college but these duplicate certificates must mention word "DUPLICATE" as highlighted or stamped text.
4. All colleges must send list of students after satisfactorily completion of their internship directly to council address within 15 days from date of completion of internship.

Attachments:

- Format for Internship Completion Certificate
- Format for Course Completion Certificate

Prakrut

Registrar I/c
GSCPT

INTERNSHIP COMPLETION CERTIFICATE

Name of the College

Ref. No_____ Date _____

This is to certify that Mr./Ms./Mrs._____ has successfully completed the Rotational Internship from_____ to _____ Details of the posting are as follows:

NO.	DEPARTMENT	PERIOD	GRADE
1	Musculo-skeletal Physiotherapy	_____ to _____	_____
2	Neuro-Physiotherapy	_____ to _____	_____
3	Cardio-pulmonary physiotherapy	_____ to _____	_____
4	Community Physiotherapy	_____ to _____	_____
5	Extension due to absentee / Unsatisfactory performance _____ to _____ at the Department _____		
6	Project _____		

[sign] _____ HOD Physiotherapy

[sign] _____ Department Dean /Principal

COURSE COMPLETION CERTIFICATE

Name of the College

Ref. No_____ Date _____

This is to certify that Mr./Ms./Mrs. _____ has satisfactory completed four and half years of Bachelor of Physiotherapy Course at _____ college affiliated to _____ university.

[sign] _____ Department Dean /Principal