राष्ट्रीय शारीरिक शिक्षा संस्थान, ग्वालियर

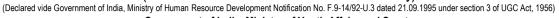






Lakshmibai National Institute of Physical Education, Gwalior

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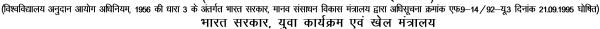
(खेल प्रबन्धन एवं प्रशिक्षण विभाग)

Annexure-2

APPLICATION FORM FOR ADMISSION TO SIX-WEEK CERTIFICATE COURSE					
Appl	ication Form No.		Session: 2024		Affix Passport Size Photograph
COU	RSE APPLIED FOR:				
1.	Name of Candidate : (In Capital Letters and as per Matric		ondary Certificate		
2.	Name of Candidate in Hindi:				
3.	Father's Name :	Shri/Late _			
4.	Name of the Guardian : (If Father is not alive)	Shri			
5.	Mother's Name :	Smt			
6.	Occupation of Father/Guardian:				
7.	Annual Income of Father/Guardian	:			
8.	Correspondence Address :				
		Pin Code _			
9.	Permanent Address :				
		Distt.		State/U.T.	
		Pin Code			

लक्ष्मीबाई राष्ट्रीय शारीरिक शिक्षा संस्थान, ग्वालियर

(А++ प्रत्यानन विश्वविद्यालय मानी गई संस्था)

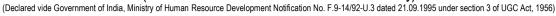






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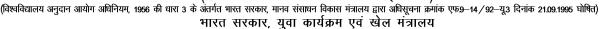
(खेल प्रबन्धन एवं प्रशिक्षण विभाग)

// 2 //

10.	Contact No.: Area Code Telephone No				_		
	Mobile No		E-mail Address				
11.	Nationality	nality State/U.T. of Domicile				_	
12. Days	Date of Birth	Age	(As on 15 st May 2024)	Yea	arsMon	th	
13.	Sex: Male / Female 14. Marital Status: Married / Unmarried / Divorced [Tick ($$) which is applicable for column 13 & 14]						
15.	Category: General / SC / ST / OBC [Tick (√) which is applicable for column 15]						
16.	Sports Achievement (Highest Achievement)						
17.	Medium of Examination: Hindi / English						
18.	8. Have you ever been involved in any acts of crime/Gross Indiscipline/Misbehaviour? Yes / No If yes, furnish details on a separate sheet.						
19.	19. Educational Qualification (Fill the Appropriate Columns)						
Examination Passed Name of School / College		Name of School / College	Name of University / Board	Year of Passing	Marks Obtained	Total Marks	% of Marks
Matri	ic of Equivalent						
10+2 or Equivalent							
Other	r, If any						
20. Name of the Game/Course :							
20.	realise of the Gan	ie/Course .					_

राष्ट्रीय शारीरिक शिक्षा संस्थान, ग्वालियर

(A++ प्रत्यानन विश्वविद्यालय मानी गई संस्था)







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(Declared vide Government of India, Ministry of Human Resource Development Notification No. F.9-14/92-U.3 dated 21.09.1995 under section 3 of UGC Act, 1956)



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(खेल प्रबन्धन एवं प्रशिक्षण विभाग)

// 3 //

21.	Details of Payment Receipt: (Applicable only for application forms downloaded from website)		
	D.D No./Receipt No.:	Amount: Rs. 200/- Date	

22. Application form may be submitted by Speed Post/Registered Post, also by paying Rs. 200/at Account Section.

Enclosures (attach attested copies of the following documents)

- Matriculation Certificate (For proof of date of Birth)
- 2. Qualifying examination mark sheet
- 3. Medical Certificate (in original)
- 4. Payment Receipt
- Character Certificate in original (from school/institution last attended) 5.
- Sports Achievement Certificate, etc. 6.
- 7. Identification card with Photograph
- 8. Two additional passport size photograph in addition to this application form and Identification card.

Note: Incomplete Application form and without above enclosures as mentioned shall be rejected.

Email: sportscoaching887@gmail.com, website: www.lnipe.gov.in

पंजीयन क्र. ग्वा. सं. २९४३ दिनांक ०२.०९.१९९५

आईएसओ 9001:2008, 14001:2004, ओएचएसएएस 18001:2007

राष्ट्रीय शारीरिक शिक्षा संस्थान, व्वालियर

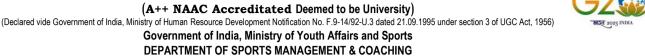






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// 4 //

UNDERTAKING BY THE APPLICANT

I have thoroughly read and understood all the details in the prospectus and am fully aware of selection procedure and also undertake to abide by all such provisions as mentioned in the prospectus.

I solemnly declare that all the information provided and documents furnished by me, are ture to the best of my knowledge. I also understand that at any point of time if any information is found to be incorrect / false. I shall be liable to be rusticated from the Institute or any consequences thereof. I shall abide by the decision of the Institute.

Place:	
Date:	Signature of the Candidate
<u>UNDERTAKING</u>	BY THE PARENT/GUARDIAN
I,Fa	ther/Guardian of the applicant
am aware that entrance test requires vigoro	ous effort and the Institute shall not be responsible for any the entrance test at the testing center opted.
Place:	
Date:	Signature of the Father/Guardian
CEDEVICA	
<u>CERTIFICAT</u>	TE OF MEDICAL OFFICER
I certify that I have carefully medic	cally examined
· ·	ond doubt that he/she is fully fit/Not fit for undergoing
strenuous physical fitness testing. His/her	olood group is
Regd. No. of Medical Officer	Signature of Medical Officer
Date:	Stamp and Seal of the Medical Officer