



लक्ष्मीबाई राष्ट्रीय शारीरिक शिक्षा संस्थान, ग्वालियर

विश्वविद्यालय मानी गयी संस्था

(विश्वविद्यालय अनुदान आयोग अधिनियम 1956 द्वारा के अंतर्गत भारत सरकार मानव संसाधन विकास मंत्रालय द्वारा अधिसूचना क्रमांक एफ 9-14/92-यू 3 दिनांक 21.09.1995)

Lakshmibai National Institute of Physical Education, Gwalior

Deemed to be University, Ministry of Youth Affairs & Sports, Government of India
(Declared vide Govt. of India MHRD Notification NO. F.9-14/92-U.3 dated 21.09.1995 under section 3 of UGC Act, 1956)

Annexure-2

APPLICATION FORM FOR ADMISSION TO SIX-WEEK CERTIFICATE COURSE

Application Form No.

Session: 2024

Affix Passport
Size Photograph

COURSE APPLIED FOR: _____

1. Name of Candidate : _____
(In Capital Letters and as per Matric/Higher Secondary Certificate)
2. Name of Candidate in Hindi : _____
3. Father's Name : Shri/Late _____
4. Name of the Guardian : Shri _____
(If Father is not alive)
5. Mother's Name : Smt. _____
6. Occupation of Father/Guardian : _____
7. Annual Income of Father/Guardian : _____
8. Correspondence Address : _____

Distt. _____ State/U.T. _____

Pin Code _____

9. Permanent Address : _____

Distt. _____ State/U.T. _____

Pin Code _____



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10. Contact No.: Area Code _____ Telephone No. _____
Mobile No. _____ E-mail Address _____
11. Nationality _____ State/U.T. of Domicile _____
12. Date of Birth _____ Age (As on 15th May 2024) _____ Years _____ Month _____ Days
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. Have you ever been involved in any acts of crime/Gross Indiscipline/Misbehavior?
Yes / No If yes, furnish details on a separate sheet.
19. Educational Qualification (Fill the Appropriate Columns)

Examination Passed	Name of School / College	Name of University / Board	Year of Passing	Marks Obtained	Total Marks	% of Marks
Matric of Equivalent						
10+2 or Equivalent						
Other, If any						

20. Name of the Game/Course : _____



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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)

1. Matriculation Certificate (For proof of date of Birth)
2. Qualifying examination mark sheet
3. Medical Certificate (in original)
4. Payment Receipt
5. Character Certificate in original (from school/institution last attended)
6. Sports Achievement Certificate, etc.
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.



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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 true 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

UNDERTAKING BY THE PARENT/GUARDIAN

I, _____ Father/Guardian of the applicant _____ am aware that entrance test requires vigorous effort and the Institute shall not be responsible for any injury / medical problem occurring during the entrance test at the testing center opted.

Place: _____

Date: _____

Signature of the Father/Guardian

CERTIFICATE OF MEDICAL OFFICER

I certify that I have carefully medically examined _____ (Name of Candidate) and am satisfied beyond doubt that he/she is fully fit/Not fit for undergoing strenuous physical fitness testing. His/her blood group is _____

Regd. No. of Medical Officer

Date: _____

Signature of Medical Officer

Stamp and Seal of the Medical Officer