

Lakshmbai National Institute of Physical Education

Government of India, Ministry of Youth Affairs & Sports
Shakti Nagar, Race Course Road, Gwalior - 474002 (M.P.)

Application Form No. _____

Session : 2024-25

**Affix Passport Size
Color Photograph**

COMMON APPLICATION FORM FOR ADMISSION TO B.P.Ed./M.P.Ed. COURSES (FOREIGN NATIONALS/NRI STUDENTS)

Note : Download Application form can be sent to Institute as an advance copy and one copy should reach through proper channel i.e. through Embassy.

COURSE APPLIED FOR : _____

Choice of Study Centre : _____ (write either LNIPE, Gwalior or NERC, Guwahati)

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

_____ Country _____
Pin Code _____
8. Permanent Address : _____

_____ Country _____
Pin Code _____
9. Contact No. : Country Code : _____
Telephone No. : _____
Mobile No. : _____
E-mail Address : _____
10. Nationality : _____
11. Date of Birth : _____
Age (as on 1st July, 2023) _____ Years
_____ Month _____ Days
12. Sex [Tick (✓) which is applicable for column : Male / Female
13 & 14]

13. Marital Status : Married / Unmarried / Divorced
14. Sports Achievement (State Highest Achievement) : _____

15. Have you ever been involved in any acts of crime / Gross Indiscipline / Misbehaviour ? : Yes / No If yes, furnish details on a separate sheet.
16. Educational Qualification (Fill the appropriate columns) :

Examination Passed	Name of School/College	Name of University/Board	Year of Passing	Marks Obtained	Total Marks	%age of Marks
Matric of Equivalent						
10+2 or Equivalent						
B.A./B.Com./B.Sc./B.P.Ed or Equivalent						
M.A./M.Com./M.Sc./M.P.Ed. or Equivalent						
Other, If any						

17. Name of the Game : _____
18. Details of Payment : Ref. ID _____
Amount : Rs. _____
Date : _____

CONSENT FOR STUDY

19. My choice for study is (Tick one of the following) : LNIPE, Gwalior

Or NERC,
Guwahati

Enclosures (attach attested copies of the following documents)

1. Matriculation Certificate (For proof of date of birth).
2. Qualifying examination mark sheet.
3. Certificate and Mark sheet of all Degree / Diploma including qualifying examination.
4. Medical Certificate (in original).
5. Character Certificate in original (from School / Institution last attended).
6. Sports Achievement Certificate(s).
7. Identification Card with Photograph (in original).
8. Three additional passport size photographs in addition to this application form.
9. Passport Copy.
10. If application form has been downloaded, the application shall be accompanied by Testing Fee of Rs. 5000/- only through SBI collect (please refer to Institute website) and attached receipt with form.

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

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 a attached enclosures are true to the best of my knowledge.

Place : _____

Signature of the Candidate

Date : _____

UNDERTAKING BY THE PARENT / GUARDIAN

I, _____ father/guardian of applicant _____ am aware that entrance test requires vigorous effort and the University shall not be responsible for any injury / medical problem occurring during the entrance test at the testing centre opted.

Place : _____

Signature of Father/Guardian

Date : _____

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

Signature of Medical Officer

Date : _____

Stamp and Seal of the Medical Officer