

National Sport University Society, Imphal, Manipur
Government of India
Ministry of Youth Affairs & Sports

Application Form No.

(to be filled by office only)

Session: 2017-2018

Affix Passport
Size Color
Photograph

COMMON APPLICATION FORM FOR ADMISSION TO
B.Sc. (Sport Coaching) 4-YEARS DEGREE / B.P.ES (3 YEARS)

COURSE APPLIED FOR: _____

1. Name of Candidate : _____
(In Capital Letters and as per Metric/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 _____
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 1st July 2017) _____ 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 _____ 15A. Special Category: J & K Migrants
[Tick (√) which is applicable for column 15 & 15A]

16. Sports Achievement (State Highest Achievement) _____

17. Choice of test Centre (choose any two of Imphal, Guwahati, Kolkata, Bangaluru, Thiruvanthapuram, Gandhinagar, Gwalior, Patiala and Delhi): 1st Preference..... 2nd Preference.....

18. Medium of Examination: Hindi/English _____

19. Have you ever been involved in any acts of crime/Gross Indiscipline/Misbehaviour?

Yes/No If yes, furnish details on a separate sheet.

20. Educational Qualifications (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						
B.A./B.Com./B.Sc./B.P.Ed. or Equivalent						
Other, If any						

21. Name of the Game/Sport : _____

22. Details of Demand Draft : DD No. _____ Amount: Rs.300/- Date: _____

Note: The demand draft should be payable to National Sports University Society payable at New Delhi

(Please write your name, father's name & Course applied for on the back side of D.D.)

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
5. Character Certificate in (from School/institution last attended)
6. Sports Achievement Certificate (s)
7. Caste Certificate (For SCs/STs/OBCs) (wherever applicable)
8. Identification Card with Photograph
9. The application form downloaded from the website shall be accompanied with a Demand Draft of Rs. 300/- drawn in favor of National Sports University payable at New Delhi

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 : _____

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 University shall not be responsible for any injury / medical problem occurring during the entrance test at the testing centre opted.

Place: _____

Date: _____

Signature of 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

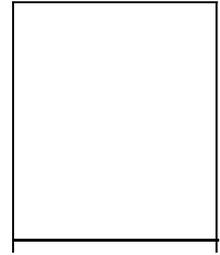
Signature of Medical Officer

Date: _____

Stamp and Seal of the Medical Officer

NATIONAL SPORT UNIVERSITY SOCIETY, MANIPUR

**Identity Card (*For Office Use*)
Entrance Test 2017 – 18**



Course applied for

Name

Father's name.....

Date of birth.....

Gender.....

Course.....

Mobile.....

E-mail ID.....

Candidate Signature

Signature

HOD
