

Application form for Session 2010-2011

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General Instructions:

- Students seeking admission in BBA, BCA. and B.P.Ed. courses should fill in form A only.
- Students seeking admission in B.P.E. or B.P.Ed. Courses should fill in Form B and Form C.
- Completed Application form should be sent along with DD of Rs 250/- drawn in favor of the Principal of the respective College towards testing fee.

Form A

State of Domicile

Course Applied For

PERSONAL DETAILS

Full Name (in Capital letters): _____

(Name to be written as per Metric/ Higher Secondary Certificate)

Date of Birth: _____

Age (as on 1st July of current year) _____ Year _____ Month _____ Days _____

Nationality: _____

Sex (Male / Female): _____

Father's Name: _____

Mother's Name: _____

Name of Guardian (if father is not alive): _____

Occupation of Father / Guardian: _____

Annual Income of Father / Guardian: _____

Correspondence Address: _____ Tel/Mob. _____

Permanent Address: _____ Tel/Mob. _____

Marital Status (Single/Married/Divorced): _____ Category (Gen/ST/SC/OBC) _____

Medium of Instruction (Hindi/English): _____

Have you ever been convicted for any kind of crime / gross indiscipline? Yes / No _____

EDUCATIONAL DETAILS

Fill up the appropriate columns

	Qualifying Exam Passed	Roll No.	Name of University/Board	Year of Passing	Division	Mark Aggregate	% of Marks
a.	H.S.L.C./Metric						
b.	10+2 or equivalent						
c.	Graduation						
d.	Other Examinations						

ENCLOSURES

The applicant must enclose attested copies of the following certificates and mark-sheets of all the qualifications:

1. Attested copy of Metric Certificate/High School leaving and 10+2 Higher Secondary certificates.
2. Certified qualifying examination Mark-sheet.
3. Character Certificate.
4. Transfer Certificate.
5. Migration Certificate.
6. Medical Fitness Certificate in original (only for Physical Education)
7. Cast Certificate (in case of SC/ST/OBC)
8. Gap Certificate (only for Physical Education.)
9. In Service Certificate (over age candidates) for Education.
10. Sports achievement certificate.
11. Three Passport size photographs.

Note: Incomplete form without above enclosures will not be considered.

UNDRTAKINGS

UNDERTAKING BY SELF

I solemnly declare that all the information given in the application form and the supported documents attached by me are true to the best of my knowledge. I am fully aware that furnishing incorrect information is a punishable act as per the rules and regulations of the institute. I shall abide by the same rules and regulations of the institute. I will pay my college fee and other dues on time.

Place: _____

Date: _____

Signature of Candidate

UNDERTAKING BY THE PARENTS/GUARDIAN

I _____ Father/Guardian of the applicant _____ is fully aware of the rules and procedures of the Institute mentioned in the prospectus. I undertake that my ward shall himself/herself be responsible for any incidence of injury during the entrance test at the testing center of the Institute.

Place: _____

Date: _____

Signature of Father / Guardian

I.P.S., College of Physical Education
MEDICAL CERTIFICATE
 (To be certified by a government medical officer only)

Name: _____ Sex: _____ (M/F) Blood GR: _____
 Height (in cm): _____ Weight (in kg): _____
 Physical appearance and Musculature: _____ Robust/Average/weak
 Previous History of Fracture or other injuries (Give Details): _____

 C.N.S. _____
 C.V.S. _____
 Respiratory System: _____
 Liver: _____
 Spleen : _____
 Hernia Site: _____
 Throat: _____
 Ears (Perforation / Discharge /Any Other): _____
 Hearing: _____
 Eyes: _____ Vision (Without Glasses): _____
 Color Blind (Partially / Complete): _____
 Any Body Deformity (Such as Kyphosis, Lordosis, Scoliosis, Knock, Bow, Legs, Flat Foot etc.)

 History of Epilepsy, Asthma, T.B., V.D., Allergy, etc.: _____
 Sensibility to drugs, if any: _____

I certify that I have this day carefully examined (Name) _____
 and have recorded my observation as given above. I am satisfied that he/she is fit/unfit for undergoing training in Physical
 Education which involves strenuous physical activities and competitive games. I further certify that candidate has been
 inoculated/ vaccinated for:

- (a) Tetanus: _____ (b) Chickenpox: _____
 (c) Typhoid: _____ (d) Hepatitis B: _____
 (e) Any Other: _____

Signature of the candidate

Date: _____

Signature : _____
 Name: _____
 Reg. No.: _____
 Address: _____
 Seal: _____

I.P.S., College of Physical Education

Name of the Candidate: _____

Contact No.: _____ Area Code: _____ Phone No: _____

Note: Candidate attending entrance test at Gwalior will be provided lodging and boarding in the college. They have to pay the following charges:

B.P.Ed. - For one day Rs. 150/-