

National Institute of Sports Science

Application Form – 2023
Certificate Course in Sports Science – level I/ level II

| Reg. No: |
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| Course applied | | | Photograph (Stamp Size) |
|------------------------------------|--------------|-----------------------|----------------------------|
| Name with Initials (Mr./Mrs./Miss) | | | |
| Address (Private) | | | |
| Address (Official) | | | |
| Contact No (Private) | | Contact No (Official) | |
| Email Address | | | |
| Date of Birth NIC No | | | |
| Designation | | Service Experience | |
| Professional Qualification Course | ons (Sports) | Institute | Duration |
| | | | |
| G.C.E. (O/L) | | | |
| Subject | Grade | Subject | <i>Grade</i> |
| | | | |

| G.C.E. (A/L) | | | | |
|-------------------------------------|---|---|---------------------|---|
| Subject | Gra | de | | |
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| any other Qualifications: | | | | |
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| Achievements – As a Player (| Please list | down priority first) | | |
| | | | | |
| No Name of the Tourna | ment | Level | Event | Effect |
| | | (International, National, Province, District) | | (1 st ,2 nd ,3 rd or |
| | | | | Participated) |
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| Achievements – As a Coach (F | Planca list (| down priority first) | | |
| | | | | |
| No Name of the Tourn | ament | Level | Event | Effect |
| | | (International, National, Province, District) | | (1 st ,2 nd ,3 rd or |
| | | | | Participated) |
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| Whether you are prepared to pa | • | e fee of Rs. 7,000/= (leve | l - I) if selected: | |
| | | • | | ••••• |
| I certify that the particulars give | | | | |
| me are found to be false or inco | orrect, I ar | n liable to be disqualified | and removed from | n the course. |
| I hereby certify that the infor | mation g | iven above are true and | accurate to the h | est of my knowledge. |
| | 8 | | | J |
| | | | | |
| Date | | | Signature | |

Director, National Institute of Sports Science: I recommend herewith the application of Mr./Mrs./Miss.... Employee of......working as..... and I also agree to release him/her from work he/she holds for the period of the course in the event of being selected. Address: (Confirmation with the rubber frank) Signature of the head of department Date . Name of the Certifying Officer . Designation .

For Government/Local Government/Corporation Employees only: