IMPORTANT: Make sure that you possess requisite qualifications for admission to the course you intend to join. Incomplete applications and those unaccompanied by attested copies of certificates/conduct certificate will summarily be rejected.

LAKSHMIBAI NATIONAL COLLEGE OF PHYSICAL EDUCATION THIRUVANANTHAPURAM

APPLICATION FOR ADMISSION TO BPEd (2 Year) 2019-2020

SC/ST QUOTA

Last Date for Receipt of Application is 09.07.2019

Affix Stamp size Photograph

Centre: LNCPE, Karyavattom
Reporting Time: 8 a.m on 09.07.2019

	DD NoDated
1. Name (In capital letters)	
2. Father's Name (If not alive, prefix late)	
3. Father's occupation	
4. Mother's Name	
5. Mother's occupation	
6. Guardian's Name (If father not alive)	
7. Sex	☐ Male ☐ Female
8. Address for communication	
	PIN
9. Telephone No. (Res.)	(Contact)
10. State of Domicile	
11. Nationality	
12. Date of Birth (Enclose certificate)	dd mm yy
In Wo	ords

	Are you eligibles, state the rea	•						
 14. I	Religion							
15. <i>A</i>	Are you eligibl	le to be consi	dered	under SC/S7	Γ reservat	tion N	es \square N	lo
(If Yes, tick the	e appropriate	word	& write the	sub caste	& attach	certificate	e)
		□ SC						
		☐ ST			•••			
16. Marital Status								
17.a	. Educational	1	ons					
Sl. No.	Examination Passed	n Reg. No.		Name of versity/Board	Year of Passing	Total Marks	Marks Obtaine	%of marks d Obtained
1	Matric / SSLC							
2	PDC/+2/Sr.Sec/ VHSC/CPEd	/						
3	BA/BSc/BCom BPE/BPEd/DPF							
b. Sports achievement (Mention only the highest achievement)								
Particulars (level) Game of participation		Game/ Sp	ort	Name of University / State represented			Year	Position Obtained

DECLARATION BY THE CANDIDATE

I am prepared to come on my own expenses for admission tests on the date mentioned in the prospectus or as intimated to me.

In case I am admitted, I agree to work and study diligently and conform to the rules and regulations of the college, or which may hereafter be framed. Further, I take it on oath that I shall do nothing inside and outside the college that will interfere with its orderly governance and discipline or cause any reflection on the reputation of college, the college authorities being the sole and final judge of such acts of commission and omission. I have not been rusticated from any educational institution nor have I been awarded any punishment for criminal offence including ragging.

I certify that all information given above and in the enclosures to this application is true to the best of my knowledge and that no information has been withheld.

Date:	Signature of the candidate
UNDERTAKING BY THE	
I,	Father/Mother/Guardian
of applicant	hereby
undertake to maintain the applicant during his/her for his/her liabilities. I also stand surety for his/her	-
Place	Signature
Date	Name

TEST IN GAME/SPORT: Select **ONE** Game/Sport of your choice for admission test

SL.NO	Game/Sport*	Tick √	SL.NO	Game/Sport	Tick √	SL.NO	Game/Sport	Tick √
1	Basketball		7	Hockey		13	Table Tennis	
2	Boxing		8	Kabaddi		14	Taekwondo	
3	Cricket		9	Kho-kho		15	Tennis	
4	Football		10	Shuttle Badminton		16	Track & Field	
5	Gymnastics		11	Softball		17	Volleyball	
6	Handball		12	Swimming		18	Wrestling	

^{*}The College reserves the right to delete any Game/Sport from the list on administrative consideration.

Notes:

I. Applications received at the college after the last date of submission will not be considered.
II. Applications must be accompanied by the following documents. (Tick the ones you have enclosed)
1. Date of Birth Certificate as entered in school records. (Attested Xerox copy)
2. Character certificate from the Head of the Institution last attended.(Attested Xerox copy)
3. Evidence of Educational qualifications and sports achievements. (Attested Xerox copies)
4. Medical Certificate (in the prescribed form)
5. Two photographs – a stamp size photograph pasted on the application form and a passpor size photograph on the identity card- both duly attested by the Head of Institution or a person in local/ central government holding an elected post.
6. Attested copies of Eligibility Certificate from Authority Concerned for consideration under mandatory reservation.
7. Demand Draft for Rs.500 /- drawn in favour of Principal, LNCPE payable at Trivandrum
For
(a) SC/ST (Community Certificate from authorities empowered)

MEDICAL CERTIFICATE

(To be certified by a Registered Medical Practitioner)

Name	Sex				
Height (in centimeter	·s)We	.Weight (in Kg.)			
Physical appearance a	and Musculature				
Robust/Average/Wea	ık				
Previous fracture, join	nt injuries (give details)				
	B.P				
C.N.S		. .			
C.V.S		. .			
Respiratory System					
Liver					
Spleen					
Hernia sites					
Throat					
Ears Perforation/discl	harge/any other (Mention)				
Неа	aring				
Eyes	Vision with glasse	es			
(Colour Blind Partial					
		such as Kyphosis, Scoliosis, Knock Knees, Flat			
History of Epilepsy, A	Asthma, T.B., Allergy, etc.				
Sensitivity to drugs, i	f any				
I certify that I	have this day carefully example	mined (name)			
		I am satisfied that she/he is FIT/NOT FIT to will involve strenuous physical activities and			
	ch candidate will be medic s matter will be final and bir	ally examined by College Medical officer also, nding.			
Date:		Signature			
		Name			
		Registration No			
		Address			

Signature of the candidate