



PRASANNAMANI COLLEGE OF PHYSICAL EDUCATION & YOGA TIGIRIA, CUTTACK

(Recognised by Government of Orissa and N.C.T.E., New Delhi)

APPLICATION FORM FOR ADMISSION

1. Admission for the session

2. Class in which admission is desired -

C.P.Ed. (2 years)
Certificate Course in Physical Education

3. Name of the Applicant (in block letters)

Surname

Name

Middle

4. Sex

Male / Female

5. Religion

6. Nationality

7. Married / Unmarried

8. State of Domicile

9. Private / Deputed

10. Educational Qualification

11. Date of Birth as recorded in High School Certificate -

In figure

In words

12. Mention whether Schedule Caste or Schedule Tribe (if not applicable put a cross X)

A certificate to the effect must be attached (Mention sub-caste)

13. Father's / Husband's Name

14. Guardian's Name

15. Permanent Home Address : Village

P.O.

Via

P.S.

Dist

PIN

Phone No.

16. Present postal address to which correspondence regarding this admission is to be sent.

Village

P.O.

Via

P.S.

Dist

PIN

Phone No.

17. Record of teaching experience -

	Name of Institution	From	To

18. Sports ability - (Mention the items of sports and games, etc. in which you have represented the institution, certificate to be attached :)

Sl. No.	Sports	Game	Institution	Year of representation	
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19. Any other Qualification :-

- 1.
- 2.
- 3.
- 4.
- 5.

20. Certificates attached, attested copies only (Originals to be produced at the time of interview) -

- 1.
- 2.
- 3.
- 4.

21. Mention the names of the games any two you want to be tested at the time of interview in order of preference.

- 1.
- 2.

I declare that the particulars furnished in this form are true.

Place.....

Full Signature of the Applicant

Date.....

N.B.- Strike out words which are not applicable.

Certified that Shri / Smt. _____

Who is serving as the untrained P.E. Teacher in the Institution is deputed for the training and will be absorbed as the P.E. Teacher after the completion of training at the Prasannamani College of Physical Education, Tigiria, Cuttack.

Signature of the Secy. of the School deputing
with office seal.

PRASANMANI COLLEGE OF PHYSICAL EDUCATION & YOGA,
TIGIRIA

MEDICAL CERTIFICATE

(To be filled in by a registered Medical Practitioner)

Name -

Sex -

Height -

Weight -

Heart -

Lungs -

Liver -

Physical appearance and musculature

Spleen -

Hernia -

ROBUST

Throat -

AVERAGE

Teeth and Gum -

WEAK

Eye _____ Vision without glasses _____

Any abnormality (give details)

Fracture (give details)

I certify that this day carefully examined Shri / Shrimati _____

and have recorded my, observations as given above, I am satisfied he/she is fit for undergoing training in

Physical Education which involves strenuous Physical and competitive games.

Full Signature of the Candidate

Signature _____

Name _____

Place _____

Registered No. _____

Date _____

Address _____

POST CARD

Affix a
Stamp
here

(Write your address correctly)

**PRASANNAMANI COLLEGE OF PHYSICAL EDUCATION & YOGA
TIGIRIA**

SPORTS EFFICIENCY CERTIFICATE

(To be issued by the Head of the institution or the Physical Education teacher
where he / she last studied)

Name of the Candidate _____

Address - _____

Men -

Pull up - Times

100 mt. Run -

Long Jump -

Putting the shot (16 lbs.)

High Jump -

800 mt. Run -

Women -

100 mtr. Run Secs

Long Jump. High Jump

Putting the shot

(8lbs.)

200 mt Run-M. Secs.

Skipping per minute -

Certified that Shri / Smt. _____

is a student of this institution during the years _____

The Certificate is issued on the basis of the records available in the institution / tests conducted
by me.

Place.....

Date.....

Signature.....

Name.....

Designation.....

Seal of the

institution