

National Institute of Sports Science

The of St		orts Science level 1/ level 2 1 Form - 2020	Reg. No:		
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 Qualifica Course	tions (Sports)	Institute	Duration		
G.C.E. (O/L)					
Subject	Grade Su	bject	Grade		
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Subject Grade

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Achievements - As a Player (Please list down priority first)

No	Name of the Tournament	Level (International, National, Province, District)	Event	Effect (1 st ,2 nd ,3 rd or Participated)

Achievements – As a Coach (Please list down priority first)

No	Name of the Tournament	Level (International, National, Province, District)	Event	Effect (1 st ,2 nd ,3 rd or Participated)

Whether you are prepared to pay a course fee of Rs. 7,000/= (level - I) if selected:

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I certify that the particulars given above are true and correct. I am aware that if the Particulars furnished by me are found to be false or incorrect, I am liable to be disqualified and removed from the course.

I hereby certify that the information given above are true and accurate to the best of my knowledge.

Date

Signature

For Government/Local Government/Corporation Employees only:

Director,

Designation

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	m work he/she holds for the period of th	e course in the event of being
selected.		
Address:		
(Confirmation with the rubber frank) Signature	e of the head of department
Date	:	
Name of the Certifying Officer	:	