



**MAHATMA GANDHI UNIVERSITY
KOTTAYAM, KERALA**

**APPLICATION FOR ADMISSION TO M.P.Ed. PROGRAMME 2014-15
IN THE SCHOOL OF PHYSICAL EDUCATION AND SPORTS SCIENCES**

PREFERENCE OF CENTRE FOR WRITTEN TEST	1, 2, 3,
1. Name of the candidate (in block letters)	
2. Expansion of initials	
3. Male/Female	
4. Age and date of birth	Nationality
5. Place of birth	<i>Taluk</i> <i>District</i> <i>State</i>
6. Permanent Home Address with Telephone No.	
7. Address to which communication should be sent <i>Tel. No.</i> <i>Mob. No.</i>	<i>e-mail:</i>
8. Name and address of parent or guardian (State relationship)	
9. Occupation and annual income of parent or guardian	
10. Name and address of Local Guardian, if Any	

11. Religion and Caste						
12. Are you eligible for reservation under SEBC or SC or ST? (If yes, mention the category and attach copies of relevant certificates)						
13. Are you eligible for reservation under OEC category? (If yes, attach copies of relevant certificates)						
14. Are you eligible for reservation under EBFC(Economically Backward Among Forward Communities)? (If yes, attach copies of relevant certificates)						
15. Academic Qualifications: <i>Statement of Marks Secured in the Qualifying Examination</i> (Attach copies of the Mark lists/Certificates)						
<i>Name of Examination Passed</i>	<i>Name of University/Institution</i>	<i>Subject</i>	<i>Marks Secured</i>	<i>Maximum Marks</i>	<i>Percentage of marks secured</i>	<i>Year of passing and Reg. No.</i>
HSC/+2						
Degree (BPE/BPEd)						
Any other (Specify)						
16. Achievements in sports						
<i>Name of Sports activity</i>	<i>Dist./State/University/ Institution Represented</i>		<i>Position secured</i>	<i>Year of participation</i>	<i>Remarks</i>	
17. Achievement in NCC, NSS, etc. (attach true copies of relevant certificates)						
18. Whether eligible for bonus marks under Defence Category						
19. Details of scholarship/fee concessions, if any, availed of by the applicant						

20. Any other qualification or information/ Experience in teaching (attach copies of relevant certificates)			
21. Details of DD/Pay-in-slip/Receipt for Registration fee			
<i>Number</i>	<i>Date</i>	<i>SBT/ University Cash Counter/FRIENDS Janasevana Kendram</i>	<i>Amount (Rs.)</i>
22. Attach true copies of documents in the following order (Please tick the relevant items)		1. <i>DD/Pay-in-slip/Receipt</i> 2. <i>Marklists of qualifying exams</i> 3. <i>Certificate showing achievement in sports, games, etc.</i> 4. <i>Caste Certificate</i> 5. <i>Income Certificate</i> 6. <i>Other Certificates/documents, if any(specify)</i>	

DECLARATION

I do hereby declare that the statements made in the application are true and the documents attached herewith are the copies of the original in my possession, which will be produced for verification when required. I have read through the prospectus and I accept the terms and conditions mentioned therein.

Place:

Date :

Signature of the Applicant

Countersigned
by the Parent/Guardian

For Office use only

Remarks :

Date of Admission :

Admission Number :

Reg. No.

**MAHATMA GANDHI UNIVERSITY
KOTTAYAM**



**School of Physical Education and Sports Sciences
ENTRANCE & PHYSICAL FITNESS TEST 2014**

*Photograph
duly signed by
the candidate*

ADMISSION CARD

With reference to your application for admission to the M.P.Ed Programme, you are directed to appear for the written test on **29.06.2014**, 10 a.m. at the centre of written test and for the physical fitness and game proficiency test on 05.07.2014, 10.a.m. at the School of Physical Education and Sports Sciences.

CENTRE OF WRITTEN TEST:.....

To

Sri/Smt.
.....
.....
.....

Place:

(Office Seal)

Date:

Annexure

MEDICAL CERTIFICATE

(To be certified by Registered Medical Practitioner)

1. Name :
2. Sex :
3. Height :
4. Weight :
5. Physical appearance :
6. CNS :
7. CVS :
8. Respiratory System :
9. Liver :
10. Spleen :
11. Hernia sites :
12. Throat :
13. Ears perforation/ discharge:
14. Hearing :
15. Speech :
16. Vision :
17. Any other abnormality/deformities (Such as Kyphosis, Lordosis, Scoliosis, Knock knees, Flatfoot, Obesity, etc):
18. History of Epilepsy, Asthma, TB, VD, Allergy, etc:

Certified that I have carefully examined Sri./Kum.
..... aged and recorded
my observations as above.

I certify that he/she is fit/not fit to undergo training in physical education and sports, which involves strenuous physical activities.

Signature of the candidate:

Signature of the Doctor:

Name:

Reg. No:

Address: