

Amity School of Physical Education and Sports Sciences

Amity University, UP

APPLICATION FORM FOR ADMISSION

(To be filled by applicants in his / her own handwriting)

COURSE APPLIED FOR:

Bachelor of Physical Education
(B.P.Ed-1 Year)

Affix your
Photograph
here

Mr./Mrs. **Last Name** **Middle Name** **First Name**

Date of Birth **Place of Birth** **Nationality**

Category **General** **OBC** **SC** **ST**

Correspondence Address

Telephone Numbers (With STD)	
Resi:	
Fax	
E-mail	

Permanent Address

Telephone Numbers (With STD)	
Resi:	
Fax	
E-mail	

Educational Qualification

	Year Attended	Name of Board / University	Main Subject	Percent (%)
Class 10/ High School	From :			
	To :			
Class 10+2 or Intermediate	From :			
	To :			
Graduation	From :			
	To :			
Others	From :			
	To :			

Note: Enclose photocopies of all your certificates / testimonials.

If employed give the following details:-

a) Is the employment whole time Part Time Adhoc

b) Name of the organization with complete address _____

c) No objection / leave certificate from the employer.

<p>Have you ever been suspended, dismissed or put on academic probation or warning at any school or college?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please explain _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

ACHIEVEMENT IN GAMES & SPORTS

	Name of activity Game / Sports	Participation Level (Distt/Regional/State/ University/National/ International)	Position or responsibilities held (Referee/Official/Coach/ Manager/Office bearer)
1.			
2.			
3.			
4.			
5.			
6.			

AWARDS

	Name	Received	For What
1.			
2.			
3.			
4.			

Family Information

Family Member	Name	Age	Qualification	Organization	Designation
Father					
Mother					
Spouse					
Brother					
Sister					

Accommodation

Will you be requiring Hostel Accommodation?	Yes	No
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Additional Information (If any)

I hereby certify that the information given in the Application Forms is complete and accurate. I understand and agree that misrepresentation or concealing of facts will liable to denial of admission, the cancellation of admission, or expulsion.

I have read the rules and regulations carefully and do hereby consent to the Term and Conditions for the Admission.

Note : A medical fitness certificate from Registered Medical Practitioner must accompany the application.

Date :
Place :

Signature :
(Applicant)

