C		Shakti	ia, Ministry of Nagar, Race c valior – 47400	ourse Road	l,	A [*]		
	Application Form No.	deliter	-		Session: 2021-22	1396.2	Affix Passpo Size Color	
	(to be filled by office only)		5. A. M		in the particular		Photograph	
	OFFLINE APPLICATION FO	RM FC			DIPLOMA IN S	PORTS	COACH	
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CUL	IRSE APPLIED FOR:	1111		mailuiti				
1.	Name of Candidate (In Capital Letters and as per Metric/F	: Higher Se	econdary Certif	cate)				
2.	Name of Candidate in Hindi	:						
2	Father's Mar						the last	
3.	Father's Name	:	Shri/Late			100	1,5000	
4.	Mother's Name	:	Smt					
5	Name of the Guardian							
5.	(If Father is not alive)	:	Shri					
6.	Occupation of Father/Guardian	:		is and	li lil eta sederar	i nin ha in	149-R.C.	
7.	Annual Income of Father/Guardian	:			doorgidge die drijk	iniseriti i	n linest	
8.	Correspondence Address			ENVERTS	Provident Inst	sel-d-passe		
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	Nationality	Stat	e/U.T. of Domi	cile	and the second	STATISTICS.		
	Date of Birth	Age	(As on 01 st July	2021)	Years	Month	Days	
	Sex: Male / Female [Tick ($$) which is applicable for column	nn 13 &	14. 14]	Marital	Status: Married / U	Jnmarried /	Divorced	
	Category : General / OBC / SC / ST		15 /		Category : J & K N			

16. Sports Achievement (Highest Achievement)

17. Medium of Examination :

Hindi / English

18. Have you ever been involved in any acts of crime/Gross Indiscipline/Misbehaviour?

Yes/No If yes, furnish details on a separate sheet.

19. Educational Qualifications (Fill the Appropriate Columns)

Examination Passed	Name of School /College	Name of University /Board	Year of Passing	Marks Obtained	Total Marks	% of Marks
Metric of Equivalent						
10 + 2 or Equivalent						
B.A./B.Com./B.Sc./B.P.Ed. or Equivalent						
M.A./M.Com./M.Sc./M.P.Ed. or Equivalent	6.00					
Other, If any		and shall and the	1.00	12200.20		

20. Name of the Game

(To be filled up by candidates of Diploma in Coaching only as per the Prospectus

- 21. Offline application form for **Diploma in Sports Coaching (DSC)** can be downloaded from the Institute Website **www.lnipe.edu.in** Candidate can fill the form, duly forwarded and signed by the competent authority and then scanned copy of form along with all the requisite documents (including online fee transaction receipt) can be sent to following e mail : **aracademics@gwalior.lnipe.edu.in**
- Offline application and testing fee for Diploma in Sports Coaching (DSC) is Rs. 1500/-. Candidates can deposit the fee through Internet Banking/NEFT/ IMPS as per detail given below :Bank : State Bank of India Account Holder : Registrar LNIPE Fee Account Account No. : 00000030316228244 IFSC : SBIN0002875

Branch : Mela Road, Gwalior (M.P.) INDIA

23.

Requisite documents to be submitted/uploaded are as followed for both online and offline application:-

- (i) Proof of date of birth (Birth Certificate/Mark-sheet/Certificate of Secondary examination).
- (ii) Mark-sheet of the qualifying examination.
- (iii) Only one highest Sports Achievement/Participation Certificate (wherever applicable).
- (iv) Character certificate from the Institute last attended.
- (v) Medical Fitness Certificate along with application form as per format attached failing which, the application form will not be accepted.
- (vi) Bonafide SC/ST/OBC certificate, if applicable, in prescribed format.
- (vii) Declaration regarding non-creamy layer (applicable for OBC candidates only) in prescribed format.
- (viii) Affidavit by the Student regarding Sports Achievement/ Participation Certificate (Rs. 50/- Stamp Paper)

Note: Incomplete Application Form and without above enclosures as mentioned shall be rejected.

UNDERTAKING BY THE APPLICANT

I have thoroughly read and understood all the details in the prospectus and am fully aware of selection procedure and also undertake to abide by all such provisions as mentioned in the prospectus.

I solemnly declare that all the information provided and documents furnished by me a attached enclosures are true to the best of my knowledge.

Place : _____

Date : _____

Signature of the candidate

UNDERTAKING BY THE PARENT/GUARDIAN

I,_____ Father/Guardian of the applicant _____

am aware that entrance test requires vigorous effort and the University shall not be responsible for any injury /

medical problem occurring during the entrance test at the testing centre opted.

Place:_____

Date: _____

Signature of Father/Guardian

.

CERTIFICATE OF MEDICAL OFFICER

I certify that I have carefully medically examined

(Name of Candidate) and am satisfied beyond doubt that he/she is fully fit/Not fit for undergoing strenuous

physical fitness testing. His / her blood group is _____

Regd. No. Of Medical Officer

Date:

Signature of Medical Officer

Stamp and Seal of the Medical Officer