

National Institute of Sports Science

Advanced Coaches Course (Badminton) - 2018 Application Form

Reg. No:

		Photograph (Passport Size)
Full Name		
Name with Initials (Mr./Mrs./Miss)		
Address (Private)		
Address (Official)		
Contact No (Private)	Contact No (Official)	
Email Address	1	
Date of Birth		
NIC No		
Designation	Service Experience	

Professional Qualifications (Sports)

No	Course	Institute	Duration

Academic Qualification: G.C.E. (O/L)

Subject	Grade	Subject	Grade

G.C.E. (A/L)

Subject	Grade

An	y otner	Quannea	ttions:					

No	Name of the Tournament	Level (International, National, Province, District)	Event	Effect (1 st ,2 nd ,3 rd or Participated)
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	ements – As a Coach (Please list of Name of the Tournament	down priority first) Level (International, National, Province, District)	Event	Effect (1 st ,2 nd ,3 rd or Participated)
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		Level (International, National,	Event	(1 st ,2 nd ,3 rd or

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

Date				Applicant's Signature			
For (Government / Local G	Government / C	orporation	Employees only:			
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	/ her from the post he	_				_	
	ress:						
(Con	nfirmation with the ru	bber frank)		Signature	of the head	of the department	
Nam	ne	:					
Desig	gnation	i					
Date		: .					