

Reg. No:



National Institute of Sports Science

Certificate course in Injury Management - 2018

Application Form

Photograph

(Passport
Size)

Full Name

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 Qualifications (Sports)

No	Course	Institute	Duration

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

No	Subject	Grade	NO	Subject	Grade

G.C.E. (A/L)

NO	Subject	Grade

Any other Qualifications:

.....
.....
.....
.....

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.15000/= if selected:

.....
 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.

.....
 Date

.....
 Applicant's Signature

For Government / Local Government / Corporation Employees only:

Director,
National Institute of Sports Science:

I recommend herewith the application of Mr./Mrs./Miss
employee ofworking as and I also agree to release him /
her from the post he/ she holds for the period of the course in the event of being selected.

Address:.....

(Confirmation with the rubber frank)

Signature of the head of the department

Name :

Designation :

Date :