



**Dr. SIVANTHI ADITANAR COLLEGE OF PHYSICAL  
EDUCATION**

(Co-Education)

*(Re-Accredited With 'A' Grade by NAAC)*

*(Approved by NCTE & Affiliated to the Tamilnadu  
Physical Education and Sports University, Chennai)*

**TIRUCHENDUR-628215**

**THOOTHUKUDI DISTRICT, TAMILNADU**



**ENQUIRY FORM FOR ADMISSION 2020-2021**

**Available Course: B.P.E.S / B.P.Ed / M.P.Ed / M.Phil**

Affix Stamp  
Size Photo

1.	Course Applied	
2.	Name of the Applicant (in block letters)	
3.	Father's Name / Occupation	
4.	Mother's Name / Occupation	
5.	Gender	Male / Female
6.	Marital Status	Single / Married
7.	Date of Birth	Age:
8.	Community	OC / BC / MBC / SC / ST (Evidence to be produced in Xerox with attested)
9.	Religion	
10.	Blood Group	
11.	Aadhar Card Number	(Evidence to be produced in Xerox with attested)
12.	Address	
		PIN: <input type="text"/>
13.	Phone No. with STD Code / Mobile No.	
14.	E-Mail ID	
15.	Educational Qualification	+2 / B.A / B.Sc / B.Com / BBA / B.P.E / B.P.Ed / M.P.Ed (Evidence to be produced in Xerox with attested)
16.	Sports / Games Representation	Inter School / Inter College / Inter State / Inter University / Inter National (Evidence to be produced in Xerox with attested)
17.	Medical fitness Certificate	From Registered Medical Practitioner

Date:

Place:

Signature of the Candidate

**MEDICAL FITNESS CERTIFICATE**

Signature of the Applicant: -----  
(In the Presence of Doctor)

I, Dr. .... do hereby certify that I have carefully examined Mr./Ms. .... an applicant seeking admission in **B.P.E.S / B.P.Ed / M.P.Ed / M.Phil** in Physical Education and I do not discover that he/she has any Physical deformity, blindness of one or both eyes or deafness or stammering. I further certify that he/she is capable of undergoing vigorous Physical activity during the training period.

Identification Marks:

- 1)
- 2)

Signature :  
Name :  
Designation :  
Address :

(Seal with Date)

*Note: Medical Certificate is to be obtained from a Government Doctor not below the rank of Civil Surgeon*