

Dr. SIVANTHI ADITANAR COLLEGE OF PHYSICAL EDUCATION

(Co-Education)

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

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

TIRUCHENDUR-628215

THOOTHUKUDI DISTRICT, TAMILNADU



ENQUIRY FORM FOR ADMISSION 2021-2022

Programme Offered: B.P.E.S / B.P.Ed / M.P.Ed / Ph.D

Affix Stamp
Size Photo

1.	Programme 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 attestation)
9.	Religion	
10.	Blood Group	
11.	Aadhar Card Number	(Evidence to be produced in Xerox with attestation)
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/M.Phil (Evidence to be produced in Xerox with attestation)
16.	Sports / Games Representation	Inter School / Inter College / Inter State / Inter University / Inter National (Evidence to be produced in Xerox with attestation)
17.	Medical Fitness Certificate	From a Registered Medical Practitioner

Place:

Date:

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 for **B.P.E.S / B.P.Ed / M.P.Ed** 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