

MAHATMA GANDHI UNIVERSITY KOTTAYAM, KERALA

APPLICATION FOR ADMISSION TO **BPEd** PROGRAMME 2024-25 IN St. JOSEPH'S ACADEMY OF HIGHER EDUCATION AND RESEARCH, MOOLAMATTOM

1. Name of the candidate (in block letters)			
2. Name of the candidate (in Malayalam)			
3. Expansion of initials			
4. Mobile Number			
5. Gender			
6. Age and date of birth		Nationality	
	TT 1 1		01.1
7. Place of birth	Taluk	District	State
8. Permanent Home Address with Mobile No.			
9.Address to which communication should be sent	e-mail(compulso	ry):	
Tel. No. Mob. No.			
10. Name and address of parent or guardian (State relationship)			
11. Occupation and annual income of parent or guardian			
12. Name and address of Local Guardian, if any			

belonging to SC/ST should attach th	and Caste (candidates //SEBC/OEC categories e copy of caste certifica	s te)				
14. Academ	ic Qualifications: Stat	tement of Mark ach copies of th				xamination
Name of Examination Passed	Name of University/Institution	Subject	Marks Secured	Maxim- um Marks	Percentage of marks secured	Year of passing and Reg. No.
SSLC						
HSC/+2						
Degree						
Any other (Specify)						
15. Achieve	ements in sports			I		
Name of Sports activity	Dist./State/University/ Institution Represented		Position Year of secured participation		Remarks	
	nent in NCC, NSS, etc. rue copies of relevant	certificates)		i	·	
17. Whether eligible for bonus marks under Defence Category						
18. Details of scholarship/fee concessions, if any, availed of by the applicant						

19. Any other qualification (attach copies of relev					
20. Details of Applicat	ion fees		·		
Online Receipt Number			t (Rs.)	Remarks	
21. Attach true copies and scanned copies following order (Pl items)	s to email in	the	 Onlin Mark Certif sports Caste Incom 	cation Form e Receipt lists of qualifying exams icate showing achievement in 5, games, etc. Certificate ne Certificate Certificates/documents, if ecify)	

DECLARATION

I do hereby declare that the statements made in the application are true and the documents attached herewith are the copies of the original in my possession, which will be produced for verification when required. I have read through the prospectus and I accept the terms and conditions mentioned therein.

Place: Date :

Signature of the Applicant

Countersigned by the Parent/Guardian

For Office use only					
Remarks	:				
Date of Admission	:				
Admission Num					

<u>Annexure</u>

MEDICAL CERTIFICATE

(To be certified by Registered Medical Practitioner)

1.	Name	:			
2.	Sex	:			
3.	Height	:			
4.	Weight	:			
5.	Physical appearance	:			
6.	CNS	:			
7.	CVS	:			
8.	Respiratory System	:			
9.	Liver	:			
10.	Spleen	:			
11.	Hernia sites	:			
12.	Throat	:			
13. Ears perforation/discharge:					
14.	Hearing	:			
15.	Speech	:			
16.	Vision	:			
17.	Any other abnormality/deforknees, Flatfoot, Obesity, etc):	rmities (Such as Kyphosis, Lordosis, Scoliosis, Knock			
18.	18. History of Epilepsy, Asthma, TB, VD, Allergy, etc:				

Certified that I have carefully examined Sri./Kum.

my observations as above.

I certify that he/she is fit/not fit to undergo training in physical education and sports, which involves strenuous physical activities.

Signature of the candidate:

Signature of the Doctor: Name: Reg. No: Address:



School of Physical Education and Sports Sciences MAHATMA GANDHI UNIVERSITY, KOTTAYAM

PHYSICAL FITNESS TEST 2024

With reference to your application for admission to the BPEd Programme, you are directed to report at 9.00 am at **St. JOSEPH'S ACADEMY OF HIGHER EDUCATION AND RESEARCH, MOOLAMATTOM** for the written examination, physical fitness and game proficiency test on 15.06.2024.You must also bring sports kits for physical fitness and game proficiency test. You are also required to bring all certificates along with sports achievements certificates in original for verification.

Place: P.D Hills Date:

DIRECTOR

*Candidates must submit 2 passport size photos at the venue above mentioned. *Candidates must collect the Admit Card from the venue on the exam date.