

MAHATMA GANDHI UNIVERSITY KOTTAYAM, KERALA

APPLICATION FOR ADMISSION TO **BPES** 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 | |
| | | | |
| 7. Place of birth | Taluk | District | State |
| | | | |
| 8. Permanent Home Address with Mobile No. | | | |
| 9.Address to which communication | e-mail(compulso | ru): | |
| should be sent | e man(compaiso | . 97. | |
| 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 | | | |

| 13. Religion | and Caste (candidates | 6 | | | | |
|-------------------------------------|--|---------------------------|-----------|-------------------|---------------------------------------|-------------|
| belonging | | | | | | |
| | T/SEBC/OEC categorie | S | | | | |
| should | c | | | | | |
| | e copy of caste certifica | | 1 0 | 11 | O 1:6: E | • ,• |
| 14. Academ | ic Qualifications: <i>Sta</i> | | | | - 10 0 | xamınatıon |
| Name of | Name of | ach copies of the Subject | Marks | Sts/Ceri Maxim | · · · · · · · · · · · · · · · · · · · | Year of |
| Examination | University/Institution | Subject | Secured | um | of marks | passing and |
| Passed | Cirric or evry interview | | | Marks | secured | Reg. No. |
| SSLC | | | | | | |
| HSC/+2 | | | | | | |
| | | | | | | |
| Degree | | | | | | |
| Any other | | | | | | |
| (Specify) | | | | | | |
| | | | | | | |
| 15. Achieve | ements in sports | 1 | 4 | • | | |
| Name of | Dist./State/University/ | / | Posit | | Year of | Remarks |
| Sports | Institution Represented | d | secured p | | participation | |
| activity | | | | | | |
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| | | | | | | |
| 16 Achiever | nent in NCC, NSS, etc. | | | | | |
| | rue copies of relevant | certificates) | | | | |
| (attacii t | in copies of felevalit | . certificates) | | | | |
| 17. Whether | r eligible for bonus ma | arks under | | | | |
| | Category | arno arraci | | | | |
| Defence | | | | | | |
| 18. Details o | of scholarship/fee cor | ncessions. | | | | |
| if any, availed of by the applicant | | | | | | |
| 12 521,7 4 | and the second s | | | | | |

| 19. Any other qualification | | | | |
|---|---------------|----------------------------|--|---|
| (attach copies of relev | ant certifica | tes) | | |
| 20. Details of Applicat | ion fees | | | |
| Online Receipt Number | Date | Amoun | t (Rs.) | Remarks |
| | | | | |
| 21. Attach true copies and scanned copies following order (Plitems) | s to email in | the | Onlin Mark Certification Caste Incom | cation Form e Receipt lists of qualifying exams icate showing achievement in , games, etc. Certificate te Certificate Certificates/documents, if ecify) |
| of the original in my | n are true a | nd the docu n, which wi | do hereb ments atta ill be prod | by declare that the statements ched herewith are the copies duced for verification when ept the terms and conditions |
| Place: Date: | | | : | Signature of the Applicant |
| | by t | Countersig the Parent/C | | |
| | I | For Office us | e only | |
| Remarks : | | | | |
| Date of Admission : | | | | |
| Admission Number | | | | |

MEDICAL CERTIFICATE

(To be certified by Registered Medical Practitioner)

| 1 | Nama | |
|-----|---|--|
| | Name | : |
| | Sex | |
| | Height | |
| | Weight | |
| | Physical appearance | |
| | CNS | |
| | CVS | : |
| | Respiratory System | : |
| | Liver | : |
| | Spleen | : |
| | Hernia sites | : |
| | Throat | : |
| | Ears perforation/discharge: | |
| | Hearing | : |
| | Speech | : |
| | Vision | : |
| 17. | - | rmities (Such as Kyphosis, Lordosis, Scoliosis, Knock |
| 10 | knees, Flatfoot, Obesity, etc): | TD VD Allower star |
| 18. | History of Epilepsy, Asthma, | 16, VD, Allergy, etc: |
| | Certified that I have carefully | examined Sri./Kum |
| | | aged and recorded |
| my | observations as above. | |
| , | I certify that he/she is fit/n | ot fit to undergo training in physical education and |
| SD | orts, which involves strenuous | |
| r | 0140, 1111011 1111 011 00 041 01140 410 | projection desired in the project of |
| Sig | gnature 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 BPES 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 14.06.2024. 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.