



RAMAKRISHNA MISSION VIVEKANANDA UNIVERSITY
FACULTY OF GENERAL & ADAPTED PHYSICAL EDUCATION AND YOGA

SRKV Post, Perianaickenpalayam, Coimbatore, Tamil Nadu - 641 020, INDIA
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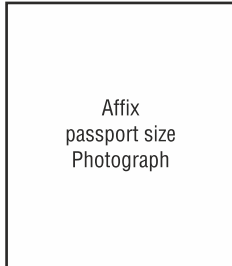
Register No.

APPLICATION FORM

Form No.

1. Course Applied For:
2. Full Name of Candidate (in Capital Letters):
(Name to be written as per Matric/Higher Secondary Certificate)
3. Details about Father/Mother/Guardian:
 Name:
 Occupation: Annual Income:
 Permanent Address:

 Contact Number: Area Code: Telephone No:
 Mobile No: e-mail:
4. Nationality: State of Domicile:
5. Date of Birth: 6. Marital Status
- 7.* Category (FC/BC/MBC/SC/ST/Other State) Caste
- 8.* Sports Achievements



No.	Game	Represented / Place	Year
1.			
2.			
3.			

9. Details of qualifying examinations (education and other requirements, please fill in appropriate rows depending on your course of choice)

Qualifying Exam Passed	Name of University / Board	Year of passing	Marks Obtained	Total Marks	%
a. X Std.					
b. XII Std.					
c. UG Degree					
d. BPEd or equi.					
e. MPEd or equi.					
f. MPhil					

Enclosures: (Must enclose certified photocopies of the following)

1. X Std. Certificate (for date of birth)
2. Plus Two Certificate
3. Certified Qualifying Examination Mark Sheet
4. Provisional (or) Degree Certificate
5. Three latest stamp size photographs
- 6.* Course Transcript
- 7.* Medical Certificate (in original)
- 8.* Character Certificate from the school/institute last attended
- 9.* Sport Achievement Certificate (s)
- 10.* Community Certificate (in the case of BC/MBC/SC/ST)

NOTE: Forms that are incomplete and without the above enclosures will be rejected.

UNDERTAKING

I have thoroughly read and understood all the details in the prospectus and am fully aware of the selection procedure, and I also undertake to abide by all the conditions mentioned in the prospectus.

I solemnly declare that all the information provided and documents furnished by me as attached enclosures are factual and that no information has been withheld/concealed. If found to be otherwise, I am prepared to be rusticated from the Institute and accept all the consequences thereof. I shall abide by the decision of the Institute in that regard.

Place:

Date:

Signature of Candidate

UNDERTAKING BY THE PARENT/GUARDIAN

I _____ Father / Mother / Guardian of the applicant
_____ am fully aware of the rules and procedures mentioned in the prospectus of the Institute and also give their under taking that my ward shall be himself / herself held responsible for any accidental injury during the entrance test at the testing center of the Institute.

Place:

Date:

Signature Father / Mother / Guardian

CERTIFICATE OF THE MEDICAL OFFICER

I certify that I have carefully medically examined _____ (name of candidate) and am satisfied beyond doubt that he/she is fully fit/not fit for undergoing strenuous physical fitness testing.

Regd. No.

Signature of Medical Officer :

Place:

Name of the Medical Officer :

Date:

Seal: