



National Institute of Sports Science

Certificate Course in Sports Massaging Therapy- 2020

Application Form

Reg. No:

Photograp
(Passport
Size)

Full Name

Name with Initials
(Mr./Mrs./Miss)

Address (Private)

Address (Official)

Contact No
(Private)

Contact No
(Official)

Email Address

Date of Birth
NIC No

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Designation

Service Experience

Professional Qualifications (Sports)

	Course	Institute	Duration

Academic Qualification:

G.C.E. (O/L)

Subject

Grade

Subject

Grade

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.....
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G.C.E. (A/L)

Subject

Grade

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Any other Qualifications:

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Achievements – As a Player (Please list down priority first)

No	Name of the Tournament	Level (International, National, Province, District)	Event	Effect (1 st ,2 nd ,3 rd or Participated)

Achievements – As a Coach (Please list down priority first)

No	Name of the Tournament	Level (International, National, Province, District)	Event	Effect (1 st ,2 nd ,3 rd or Participated)

Whether you are prepared to pay a course fee of Rs. 50,000/= if selected:

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I certify that the particulars given above are true and correct. I am aware that if the Particulars furnished by me are found to be false or incorrect, I am liable to be disqualified and removed from the course.

.....
Date

.....
Signature

For Government/Local Government/Corporation Employees only:

Director, National Institute of Sports Science

**I recommend herewith the application of
Mr./Mrs./Miss..... Employee
of.....working as..... and I
also agree to release him/her from work he/she holds for the period of the course in the event of being
selected.**

Address:

.....

(Confirmation with the rubber frank)

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Signature of the head of department

Date :

Name of the Certifying Officer:

Designation :