

# **Application Forms of the courses**

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# National Institute of Sports Science

Advanced Coaches Course (Badminton) - 2018

## Application Form

Reg. No:

Photograph  
(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

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NIC No

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Designation

Service Experience

**Professional Qualifications (Sports)**

No	Course	Institute	Duration

**Academic Qualification:  
G.C.E. (O/L)**

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>

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

<i>Subject</i>	<i>Grade</i>

**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 <sup>st</sup> ,2 <sup>nd</sup> ,3 <sup>rd</sup> or Participated)

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

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

**Whether you are prepared to pay a course fee of Rs.40000/= if selected:**

.....

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.

**I hereby certify that the information given above are true and accurate to the best of my knowledge.**

.....  
Date

.....  
Applicant's 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 the post he/ she holds for the period of the course in the event of being selected.

Address:.....

(Confirmation with the rubber frank)

.....

Signature of the head of the department

Name : .....

Designation : .....

Date : .....

Reg. No:



# National Institute of Sports Science

## DIPLOMA IN SPORTS – 2018/2019

### Application Form

Photograph  
(Passport Size)

1. (I) Full Name: - Mr/Mrs/Miss .....
- (II) Name with Initials: - .....
- (III) Full Name (In English Block Capitals):


(IV) National Identity Card No: 

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2. Address:-

(I) Private: - .....

(II) Official: - .....

(III) Telephone Official: ..... Telephone Private:.....

3. Date of Birth: - 

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 Year 

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 Month 

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 Date

Age on 15/02/2018 :- 

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 Years 

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 Months 

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 Days

4. State whether a Citizen of Sri Lanka: .....
- (By descent or by registration):- .....

5. (I) Sex :- .....
- (II) Marital Status:-.....
6. Whether you are employed or not: - .....
- (I) Post : - .....
- (II) Duration of the service.....
- (III) Service Station : - .....
7. Educational Qualifications:-
- (i) G.C.E. (Ordinary Level)
- Year of exam ..... Index No - .....

No	Subjects	Grade	No	Subjects	Grade

- (II) G.C.E. (Advanced Level)
- Year of exam ..... Index No - .....

NO	Subjects	Grade

(III) Other Education Qualification (Highest Exam/Degree)

Year of exam .....

Index No - .....

NO	Subjects	Grade

8. Achievements in Sports :- ( Please include your Certificates of highest achievements and special abilities – Please attach the photo copies)

1. Performance over 16 years of age at national school competitions

.....  
.....

2. Performance at National Sports Festival district/Provincial/National

.....  
.....

3. Performance at national competitions conducted by National Sports Associations

.....  
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4. Participation in International Sports Competitions

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.....



9. (I) According to the gazette notification, please state, under which qualification category of 1.1 that you are eligible to apply for the course.

<b>a</b>	<b>b</b>	<b>c</b>	<b>d</b>	<b>e</b>

- (II) Give details of qualifications relevant to the category stated above:

.....  
.....

10. Any other special remarks:-

.....

12. Whether you are prepared to pay a course fee of Rs.60000/= if selected:-

.....

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

.....

Applicant's Signature

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**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 the post he/ she holds for the period of the course in the event of being selected.

Address:.....

(Confirmation with the rubber frank)

.....  
Signature of the head of the department

Name : .....

Designation : .....

Date : .....



# National Institute of Sports Science

**Reg. No:**

## Certificate course in coaches Skills development - 2018

**Please indicate your  
Field of Coaching**

**Photograph  
(Passport Size)**

**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)**

No	Course	Institute	Duration

**Academic Qualification:  
G.C.E. (O/L)**

No	Subject	Grade	NO	Subject	Grade

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

NO	Subject	Grade

**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 <sup>st</sup> ,2 <sup>nd</sup> ,3 <sup>rd</sup> or Participated)

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

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

Whether you are prepared to pay a course fee of Rs.8000/= if selected:

.....

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

.....

Applicant's 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 the post he/ she holds for the period of the course in the event of being selected.

Address:.....

(Confirmation with the rubber frank)

.....

Signature of the head of the department

Name : .....

Designation : .....

Date : .....

Reg. No:



# National Institute of Sports Science

Certificate course in Injury Management - 2018

## Application Form

Photograph  
(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)**

No	Course	Institute	Duration

**Academic Qualification:  
G.C.E. (O/L)**

No	Subject	Grade	NO	Subject	Grade

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

NO	<i>Subject</i>	<i>Grade</i>

**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 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> or Participated)

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

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

**Whether you are prepared to pay a course fee of Rs.15000/= if selected:**

.....  
 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

.....  
 Applicant's 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 the post he/ she holds for the period of the course in the event of being selected.

Address:.....

(Confirmation with the rubber frank)

Signature of the head of the department

Name : .....

Designation : .....

Date : .....



**Reg. No:**

# National Institute of Sports Science

Application for the certificate course in Yoga and Naturopathy Science  
2018

Photograph  
(Passport Size)

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

**Address (Private)**

**Address (Official)**

**Contact No (Private)**

**Contact No (Official)**

**Email Address**

**Date of Birth**

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**NIC No**

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**Designation**

**Educational Qualifications (Please indicate your highest educational qualifications)**

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**Professional Qualifications (If any):**

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**Any other Qualifications:**

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**Are you a member of any Yoga association : Yes/No (If “yes” please give the name and address of the institute below)**

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 .....  
 .....

**Please mark “√” in the appropriate cage given below**

	Very Good	Good	Average	Poor	Very Poor
<b>Knowledge on Yoga</b>					
<b>Asana practices in Yoga</b>					
<b>Knowledge on Surya Namaskar</b>					
<b>Practices in Surya Namaskar</b>					
<b>Massage Ability</b>					
<b>Knowledge on Naturopathy</b>					

**Please describe the aim and objectives of choosing this course**

**Whether you are prepared to pay a course fee of Rs.5000/= if selected:**

.....  
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

.....  
Applicant's 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 the post he/ she holds for the period of the course in the event of being selected.

Address:.....

(Confirmation with the rubber frank)

.....  
Signature of the head of the department

Name : .....

Designation : .....

Date : .....



# National Institute of Sports Science

## Certificate course in Sports Science

### Application Form - 2018

Reg. No:

Photograph  
(Stamp Size)

Course applied

1. Certificate Course in Preparing Running Track and Grounds	
2. Certificate Course in Tug of War – level I	
3. Certificate Course in Volleyball – level I	
4. Certificate Course in Wushu – level II	
5. Certificate Course in Basketball – level II	
6. Certificate Course in Weightlifting – level II	

Name with Initials

(Mr./Mrs./Miss)

Address (Private)

Address (Official)

Contact No  
(Private)

Contact No  
(Official)

Email Address

Date of Birth NIC  
No

Designation

Service Experience

**Professional Qualifications (Sports)**

	<b>Course</b>	<b>Institute</b>	<b>Duration</b>

**Academic Qualification:  
G.C.E. (O/L)**

<b>No</b>	<b>Subject</b>	<b>Grade</b>	<b>NO</b>	<b>Subject</b>	<b>Grade</b>

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

<b>NO</b>	<b>Subject</b>	<b>Grade</b>

**Any other Qualifications:**

.....

.....

.....

.....

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

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

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

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

**Whether you are prepared to pay a course fee of Rs. 7,000/= (level i) or Rs.10,000/= (level ii) if selected:**

.....

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

.....  
Applicant’s 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)

Signature of the head of department

Date :.....

Name of the Certifying Officer :.....

Designation :.....