



# National Institute of Sports Science

Reg. No:

## Certificate Course in Coaches Skills Development – 2020

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

Designation

Service Experience

### Professional Qualifications (Sports)

	Course	Institute	Duration

### Academic Qualification:

G.C.E. (O/L)

Subject	Grade	Subject	Grade
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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 <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)

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

.....  
Date

.....  
Signature