



# National Institute of Sports Science

## Certificate course in Sports Injury Management - 2019

### 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**

**Designation**       **Service Experience**

**Professional Qualifications (Sports)**

|  | Course | Institute | Duration |
|--|--------|-----------|----------|
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**Academic Qualification:**

| <b>G.C.E. (O/L)</b> |              |                |              |
|---------------------|--------------|----------------|--------------|
| <i>Subject</i>      | <i>Grade</i> | <i>Subject</i> | <i>Grade</i> |
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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<br>(International, National,<br>Province, District) | Event | Effect<br><br>(1 <sup>st</sup> ,2 <sup>nd</sup> ,3 <sup>rd</sup> or<br>Participated) |
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**Achievements – As a Coach** (Please list down priority first)

| No | Name of the Tournament | Level<br>(International, National,<br>Province, District) | Event | Effect<br><br>(1 <sup>st</sup> ,2 <sup>nd</sup> ,3 <sup>rd</sup> or<br>Participated) |
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**Whether you are prepared to pay a course fee of Rs. 15,000/= 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: .....**

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**(Confirmation with the rubber frank)**

**Signature of the head of department**

**Date : .....**

**Name of the Certifying Officer: .....**

**Designation : .....**