

Government of Sammu & Kashmir

Government College of Physical Education Gadoora Ganderbal

گورنمنٹ کالج آف فزیکل ایجوکیشن گا ڑورہ گاندربل

FORM NUMBER:					
COURSE:					
NAME (in block letters):					
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PARENTAGE:					ssport Siz notograph
					lotograp.
DATE OF BIRTH:					
DATE OF BIRTH.					
. RESIDENCE:					
. RESIDENCE.					
DISTT::			PIN:		
STATE:					
CONTACT NO. :		E-MA	AIL ID:		
MARITAL STATUS:					
. DOMICILE:					
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		IC DETAIL	<u>S</u>		
		IC DETAIL Year of Passing	S Max. Marks	Marks Obtained	% age
. AADHAR NUMBER:	ACADEM	Year of	Max.		% age
. AADHAR NUMBER:	ACADEM	Year of	Max.		% age
. DOMICILE:	ACADEM	Year of	Max.		% age
. AADHAR NUMBER:	ACADEM Degree	Year of Passing	Max. Marks		% age
. AADHAR NUMBER:	ACADEM	Year of Passing	Max. Marks		% age
College/University Name	ACADEM Degree SPORTS AC	Year of Passing CHIEVEME	Max. Marks	Obtained	% age
. AADHAR NUMBER:	ACADEM Degree SPORTS AC	Year of Passing	Max. Marks		% age
College/University Name	ACADEM Degree SPORTS AC	Year of Passing CHIEVEME	Max. Marks	Obtained	% age
College/University Name	ACADEM Degree SPORTS AC	Year of Passing CHIEVEME	Max. Marks	Obtained	% age
College/University Name	ACADEM Degree SPORTS AC	Year of Passing CHIEVEME	Max. Marks	Obtained	% age

PARENT/GUARDIAN UNDERTAKING

I, Mr./ Mtr.
Father/Guardian of the candidate
Form No am fully aware of the rules and procedure(s) mentioned in the admission policy for Bachelor of Physical Education (B.P.Ed) Two Year Course and undertake that my ward shall himself/herself be responsible for any risk of injury during the Physical Efficiency Test to be held at Government College of Physical Education, Gadoora Ganderbal.
Place: Date:

Signature of Parent /Guardian

MEDICAL FITNESS CERTIFICATE

	Registration No
(Medical Officer)	- Canada of Michael Confect
Seal & Signature	Name of Medical Officer
Blood Group of Applicant:	
Physical Education, Gadoora Ganderbal.	
Physical Education (B.P.Ed) Two year Cour	rse at Government College of
(Fit/Unfit) for undergoing Physical Efficiency T	est for admission to Bachelor of
Form No and I am satisfied beyond do	bubt that he/she is fully
I certify that I have cautiously examined the app	licant

College Copy

Candidate Copy









Principal Government College of **Physical Education Gadoora** Ganderbal

Principal Government College of Physical Education Gadoora Ganderbal

Principal Government College of **Physical Education Gadoora** Ganderbal

Business Unit: Duderhama Ganderbal

Business Unit: Duderhama Ganderbal

Business Unit: Duderhama Ganderbal

A/C No.: 0560040500000067

A/C No.: 0560040500000067

A/C No.: 0560040500000067

Pay-in-Slip

Pay-in-Slip

Pay-in-Slip

Date:

Date:

Date: Name:

Parentage:

Parentage:

Parentage:

Address:

Amount (in Figures): Rs. 250/-

Address:

Amount (in Figures): Rs. 250/-

Amount (in Figures): Rs. 250/-

Amount (in words):

Address:____

Amount (in words):

Two Hundred Fifty Only

Amount (in words):

Two Hundred Fifty Only

Two Hundred Fifty Only

Signature of Depositor:

Signature of Depositor:

Signature of Depositor: Contact No.:

Contact No.:

Contact No.:

Date:

DC No .:

Date:

DC No .:

Date: DC No .:

Bank Seal & Cashier Signature

Bank Seal & Cashier Signature

Bank Seal & Cashier Signature