Reg.	No:
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Physical F	Institute of Sports Scienc itness Instructor Training Course pplication Form – 2021		Photograph Stamp size
Name with initial (Mr. / Mrs. / Miss)			
Address (Private)			
Address (Official)			
Contact No (Private)		Contact No (Official)	
Email Address			
Date of birth	NIC		
Designation Service experience			
Courses flowed in the	e field of sports (if any)		
	Course	Institute	Duration

Educational Qualification: G.C.E. (O / L)

Subject	Grade	Subject	Grade

$\mathrm{G.C.E}\left(\mathrm{A}\,/\,\mathrm{L}\right)$

Subject	Grade

Any other Qualifications:

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

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Date

Signature