



Reg. No:

National Institute of Sports Science

Advanced Coaches Course (Strength and Conditioning) – 2022/2023

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

Designation

Service Experience

Professional Qualifications (Sports)

| | 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)

Subject

Grade

.....
.....
.....
.....

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 st ,2 nd ,3 rd or Participated) |
|----|------------------------|---|-------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| No | Name of the Tournament | Level (International, National, Province, District) | Event | Effect (1 st ,2 nd ,3 rd or Participated) |
|----|------------------------|---|-------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Whether you are prepared to pay a course fee of Rs. 45,000/= 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

.....
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 :