



Reg. No:

National Institute of Sports Science

Aerobics Fitness Training Course - 2026

Student Registration Application

Full Name
(Mr./Mrs./Miss)

1. **What is the primary purpose of the proposed legislation?**

**Name to be included
in the certificate
(Name with Initials)**

1. **What is the primary purpose of the proposed legislation?**

Address (Private)

For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or research@iastate.edu.

Address (Official)

**Contact No
(Private)**

1. **What is the primary purpose of the study?**

Contact No (Official)

1. **What is the primary purpose of the following sentence?**

Email Address

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

Date of Birth

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NIC No

Designation

Digitized by srujanika@gmail.com

Service Experience

Professional Qualifications (Sports)

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

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
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.....
.....
.....

G.C.E. (A/L)

<i>Subject</i>	<i>Grade</i>
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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 st , 2 nd , 3 rd or Participated)

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

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Date

.....
Signature