

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 (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)

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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.

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Date

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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 :