



BHARATI VIDYAPEETH DEEMED UNIVERSITY
COLLEGE OF PHYSICAL EDUCATION

DHANKAWADI CAMPUS, PUNE – 43 MAHARASHTRA (INDIA)
(Tel.020-24373741, Mobile-09423002582, 09766533311, 09579247668, 07620999052)
Website: www.bvuphysicaleducation.com (Email: bera_yoga@yahoo.com)

Affix Self
Attested
Passport Size
Photograph

Form No.
(for office use only)

(Instruction: Fill all the columns properly. If any column is kept blank, the application will be rejected).

NAME OF THE COURSE APPLIED FOR : _____

1. Name of Candidate : _____
(In Capital Letters and as per
Matric/Higher Secondary Certificate)

2. Name of Candidate in Devnagri Script: _____

3. Father's Name : Shri/Late _____

4. Correspondence Address :

STATE:

PIN:

Telephone No (with STD code):

Your Mobile:

e-mail (small letters):

Guardian Mobile:

5. Permanent Address :

STATE:

PIN:

Telephone No (with STD code):

6. Nationality _____ State/U.T. of Domicile _____

7. Date of Birth _____ Age (As on 1st July) _____ Years _____ Month _____ Days

8. Male/Female: Married/Unmarried/Divorced General/SC/ST/OBC/NT/ Other

9. Language preferred to write in examination: Hindi/English / Marathi

10. Sports Achievement: District/ State/ National/ International level / Inter University/ Any other

Name of the Game (s) : _____

11. Details of Demand Draft : DD No. _____, Amount _____

Date _____ Name of Bank: _____, Place: _____

Note: The demand draft (DD) to be purchased in favour of the Principal, B.V.D.U. College of Physical Education, payable at Pune.

12. Educational Qualifications (Fill the Appropriate Columns)

Examination	School /College/ University /Board	Year of Passing	Marks Obtained	Total Marks	% of Marks
Matric / SSC					
10 + 2 or Equivalent					
B.A./B.Com./B.Sc./B.P.Ed. or Equivalent					
M.A./M.Com./M.Sc./M.P.Ed. or Equivalent					
Other, If any					

UNDERTAKING BY THE PARENT/GUARDIAN

I, _____ Father/Guardian of the applicant solemnly declare that the candidate himself /herself will be responsible for any risk of injury if occurs during the course applied for.

Place: _____

Date: _____

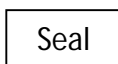
**Signature of Father/Guardian
Name:**

CERTIFICATE BY A MEDICAL DOCTOR

I certify that I have carefully examined Mr. / Ms./ Mrs. _____ and I am satisfied beyond doubt that he/she has no physical deformities and can hear, speak and write. Further he/she is **Fit/ Unfit** for undergoing strenuous physical training programme.

Place: _____

Date: _____



**Signature of Registered Medical Doctor
Name:
Regd. No.**

UNDERTAKING BY THE APPLICANT

I have thoroughly read and understood all the details in the prospectus and am fully aware of selection procedure, rules, regulations, provisions of attendance, code of conduct, disciplines etc and also undertake to abide by all such provisions as mentioned in the prospectus. I solemnly declare that all the information provided and documents furnished by me are true to the best of my knowledge and if they are found incorrect, I shall be held responsible for any consequences thereof and, finally, I shall abide by the decision of the Institute what-so-ever.

Place : _____

Date : _____

Signature of the Applicant

Enclosures (attach attested true copies of the following documents)

1. **For B.A.(Physical Education)** {Certificate and/ or Mark-sheet of 10th & 12th Standard + proof of Date of Birth}.
2. **For B.P.Ed.** (Certificate and/ or Mark-sheet of Graduation or **B.P.E.** + proof of Date of Birth).
3. **For M.P.Ed.** (Certificate and/ or Mark-sheet of B.P.Edn + proof of Date of Birth).
4. **For M.Phil.** (Phy Edn) (Certificate and/ or Mark-sheet of M.P.Ed. + proof of Date of Birth).
3. **Common Documents for all courses**[3 copies of passport size photograph +Demand Draft of Rs.2000/- (*see rules of processing fee in prospectus, if last date is over*) from a nationalized Bank in favour of the **Principal, B.V.D.U. College of Physical Education**, payable at **Pune**].
4. **Caste Certificate** (For SCs/STs/NT/OBCs), if any.
5. Application should be sent **within the last date** by registered post or by speed post to the **PRINCIPAL, B.V.D.U. College of Physical Education, Dhankawadi Pune-Satara Road, Pune – 411 043 (Maharashtra)**.

*Note: Fill all the above 12 points including undertaking from the Guardian, Medical certificate from a registered medical practitioner with all original signatures & stamp (seal) wherever deemed necessary. **Incomplete Application shall be rejected. Application after last date is liable to charge late fee as per college rule.***