

# **ADMISSION FORM**

**University of Mumbai**

**Department of Physical Education**

**Sports Complex, Vidyanagri Campus  
Santacruz (East), Mumbai- 400 098  
Phone No. -022 22932665**

**AFFIX  
RECENT  
PASSPORT  
SIZE  
PHOTO**

**Application Form No.**

**COMMON APPLICATION FORM FOR ADMISSION TO**

**B.P.Ed. /M.P.Ed./ M.Phil. /Ph.D. /Sports Management/  
Health & Fitness Management**

**COURSE APPLIED FOR:** \_\_\_\_\_

1. **Name of Candidate** : \_\_\_\_\_  
(In CAPTIAL Letters and as per Matric/Higher Secondary Certificate)
2. **Name of Candidate in Devnagri** : \_\_\_\_\_
3. **Father's Name** :Shri/Late \_\_\_\_\_
4. **Name of the Guardian** :Shri \_\_\_\_\_  
(If Father is not alive)
5. **Mother's Name** :Smt \_\_\_\_\_
6. **Occupation of Father/Guardian** : \_\_\_\_\_
7. **Annual Income of Father/Guardian** : \_\_\_\_\_
8. **Correspondence Address** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. **Permanent Address** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Contact No: Area Code \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_ E-mail ID \_\_\_\_\_

11. Nationality \_\_\_\_\_ State/U.T. of Domicile \_\_\_\_\_

12. Date of Birth \_\_\_\_\_ Age (As on 1<sup>st</sup> July 2011) \_\_\_\_\_ Years \_\_\_\_\_ Month \_\_\_\_\_ Days

13. Sex: Male/Female \_\_\_\_\_ 14. Marital Status: Married/Unmarried/Divorced

15. Category: General/SC/ST/OBC \_\_\_\_\_

Note: Certificate in prescribed format as per Maharashtra Government

16. Sports Achievement (State Highest Achievement) \_\_\_\_\_

17. Name of the Game/ Sport : \_\_\_\_\_

18. Medium of Examination: Hindi/English / Marathi \_\_\_\_\_

19. Educational Qualifications (Fill the Appropriate Columns)

Name of Examination	Name of School / College	Name of University / Board	Year of passing	Marks Obtained	Percentage of Marks	Passed
Matric or Equivalent						
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						

20. Have you ever been involved in any acts of crime/Gross Indiscipline/Misbehavior?

Yes/No \_\_\_\_\_ If yes, furnish details on a separate sheet.

Enclosures (attach attested copies of the following documents)

1. Matriculation Certificate (For proof of date of birth)
2. Qualifying examination mark sheet
3. Certificate and Mark-sheet of all degree/diploma (As Applicable)
4. Medical Certificate (in original)
5. Character Certificate in original (from School/institution last attended)
6. Sports Achievement Certificate (s)
7. Caste Certificate (For SCs/STs/OBCs)
8. Identification Card with Photograph (in Original)
9. Three additional passport size photographs in addition to this application form.

Note: Incomplete Application Form and without above enclosures as mentioned shall be rejected.

**UNDERTAKING BY THE APPLICANT**

*I have thoroughly read and understood all the details in the prospectus and am fully aware of selection procedure 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 a attached enclosures are true or any consequences thereof. I shall abide by the decision of the Institute.*

Place: \_\_\_\_\_

Date: \_\_\_\_\_

*Signature of the Candidate*

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**UNDERTAKING BY THE PARENT/GUARDIAN**

*I, \_\_\_\_\_ Father/Guardian of the applicant  
\_\_\_\_\_ himself /herself be responsible for any risk of injury during the  
entrance test at the testing centre or the University.*

Place: \_\_\_\_\_

Date: \_\_\_\_\_

*Signature of Father/Guardian*

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**CERTIFICATE OF MEDICAL OFFICER**

*I certify that I have carefully medically examined \_\_\_\_\_ (Name of  
Candidate) and am satisfied beyond doubt that he/she is fully fit/Not fit for under going strenuous physical  
fitness testing. His blood group is \_\_\_\_\_.*

*Regd. No. Of Medical Officer*

Date: \_\_\_\_\_

*Signature of Medical Officer  
Stamp and Seal of the Medical Officer*

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**NO OBJECTION CERTIFICATE (For In Service Studetns)**

*Certified that Shri / Smt \_\_\_\_\_ is working in the  
\_\_\_\_\_ as a \_\_\_\_\_ in case he/ she  
is admitted for the course he / she will be relived from the duty to attend college.*

Date: \_\_\_\_\_

*Signature of the Principal  
Seal of the School / Institution*

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**TO BE FILLED BY OFFICE STAFF**

**APPLICATION No.** \_\_\_\_\_

**NAME OF THE CANDIDATE:** \_\_\_\_\_

**COURSE APPLIED FOR:** \_\_\_\_\_

**SIGNATURE & SEAL**