

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. 50,000/= 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 :

Reg. No:



National Institute of Sports Science
Physical Fitness Instructor Training Course
Application Form – 2026

Photograph

Stamp size

Name with initial
(Mr. / Mrs. / Miss)

Address (Private)

Address (Official)

Contact No
(Private)

Contact No
(Official)

Email Address

Date of birth

NIC

Designation

Service experience

Courses flowed in the field of sports (if any)

	Course	Institute	Duration

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

Subject	Grade	Subject	Grade

G.C.E (A / L)

Subject	Grade

Any other Qualifications:

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

.....
Date

.....
Signature

Reg. No:



**National Institute of Sports Science
Certificate Course in Sport Masseur – NVQ Level 04
Application Form – 2026**

Photograph

Stamp size

**Name with initial
(Mr. / Mrs. / Miss)**

Address (Private)

Address (Official)

**Contact No
(Private)**

**Contact No
(Official)**

Email Address

Date of birth

NIC

Designation

Service experience

Courses flowed in the field of sports (if any)

	Course	Institute	Duration

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

Subject	Grade	Subject	Grade

G.C.E (A / L)

Subject	Grade

Any other Qualifications:

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

.....
Date

.....
Signature



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 study?**

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

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

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)

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

--	--	--	--	--	--	--	--

NIC No

Designation

THE INFLUENCE OF THE CULTURE OF THE PARENTS ON THE CHILD'S LANGUAGE 11

Service Experience

11. *What is the primary purpose of the following statement?*

Professional Qualifications (Sports)

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

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

G.C.E. (A/L)

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

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)

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

.....
Date

.....
Signature

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)

.....
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 :

G.C.E. (A/L)

Subject

Grade

.....

.....

.....

.....

.....

Any other Qualifications:

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

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

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

.....

.....
Signature



Reg. No:

National Institute of Sports Science

Certificate Course in Sports Injury Management – 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)

Address (Official)

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

Contact No (Private)

--

Contact No (Official)

--

Email Address

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

Date of Birth

--	--	--	--	--	--	--	--

NIC No

Designation

--

Service Experience

--

Professional Qualifications (Sports)

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

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

G.C.E. (A/L)

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

Any other Qualifications:

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

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

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

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



Reg. No.:

**National Institute of Sports Science
Certificate Course in Sports Psychology - 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 319-273-2500 or research@uiowa.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 Economic Development at 319-273-2500 or research@uiowa.edu.

Date of Birth

--	--	--	--	--	--	--	--

NIC No

Designation

Service Experience

THE INFLUENCE OF THE CULTURE OF THE PARENTS ON THE CHILD'S LANGUAGE 11

Professional Qualifications (Sports)

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

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

Any other Qualifications:

.....

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

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

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