

**RAJASTHAN STATE SPORTS COUNCIL
SMS STADIUM JAIPUR**

APPLICATION FORM
CERTIFICATE COURSE IN SPORTS MEDICINE

Important Information –

- I. Before filling this form read the instruction carefully.**
- II. Total Fee for the course is Rs. 6000**
- III. Duration of this Part-Time Course will be of 6 Months.**
- IV. Please attach self attested copy of documents along with the application form.**
- V. Send complete form to: The Secretary, Rajasthan State Sports Council, Sawai Mansingh Stadium, Janpath, Jaipur.**

1. Applicant's Information

Applicant Name (IN CAPITAL LETTERS) please keep one box blank between Name Middle name and Surname

Fathers Name (IN CAPITAL LETTERS) please keep one box blank between Name Middle name and Surname

Gender: Male Female

Date of Birth

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

D D M M Y Y

Nationality

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

Category General SC ST OBC Others

Email Id

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

Contact No (Mobile)

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

Please Affix One Passport Size Photo
--

4. Sports Qualification

S.No.	Qualification	University/Institute	Marks Obtain	Total Marks

5. Employment History

Name and Address of the Organization	work experience			Designation & Responsibilities
	from	to	In months	

Declaration:

I do hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false and incorrect my candidature is liable to be cancelled/rejected any stage of the course.

Place:

Date:

Signature of the Applicant

For Office Use Only

Application Status

Complete

Incomplete

Decision

Select

Reject

Sign Course Director