

**Jadavpur University**

যাদবপুর বিশ্ববিদ্যালয়

Application for Admission to the Bachelor of Physical Education Course.

Receiving Assistant .....

Date .....

**Fresher****Secondary  
School Teacher**

Please tick mark (✓) the Category applicable.

**SC****ST****OBC (A)****OBC(B)**

Please tick mark (✓) the item if applicable and enclose Certificate from Competent Authority

To Affix Recent Passport size Photograph duly signed by the applicant.

To  
The Registrar  
Jadavpur University  
Kolkata 700 032

Sir,

I wish to apply for admission to the **Bachelor of Physical Education Course**.

I declare that all the statements made in the application are true to the best of my knowledge and belief. Any statement made in the application form, if found incorrect on scrutiny, shall render the application liable to rejection and admission, if granted on the basis of that statement, shall stand cancelled.

I also pledge that I will ever strive to be true to the noble ideals of the National Council of Education, Bengal, from which Jadavpur University has originated.

If admitted, I undertake to abide by all the Rules and Regulations of the University as at the time of my admission or as may be altered during my studentship and shall attend at least 90% of the classes to be held during the session.

Yours sincerely,

.....  
*Applicant's Signature in full***(TO BE FILLED IN CAPITAL LETTERS)**

- I. Name of the Applicant .....  
(as in School Leaving Certificate) (Surname) (First Name) (Middle Name)
2. Address in full  
(i) Permanent address .....  
..... Phone No. (if any).....  
(ii) Present address (where communication is to be made).....  
..... Phone No. (if any).....
3. Father's Name .....
4. Mother's Name .....
5. Name & address of the Guardian. ....  
..... Phone No. (if any).....
6. Relationship with the Guardian : .....
7. Occupation of Father/Mother/Guardian .....
8. Applicant's annual family income .....  
(Income Certificate is to be submitted along with the form)
9. Date of birth (as in School Leaving Certificate).....

10. Mother tongue -----
11. Sex ----- 12. Nationality -----
13. Height ----- 14. weight ----- kg.
15. Place of birth ----- (i) District ----- (ii).State. -----
16. Whether **SC/ST/OBC(A)/OBC(B)** (Please tick mark whichever is applicable)
- 17.(a) Record of complete academic career upto the day of application (commencing with the Madhyamik or its equivalent examination) :

Full name and Address of School/College	Full name of Board/University	Full name of Examination passed	Subjects taken	Passed / appeared (mention the year)	Total Markes	% of the marks	Division/ Class

- (b) Record of Sports Career : (only the best achievements are to be mentioned ). Certificates need to be enclosed.

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18. Particulars of academic course being pursued at this time : Certificate from the Head of the Institution is to be furnished in proforma A.

Name & Address of the Institution	Name of the University	Name of the course	Whether appeared due to appear	When expected to be completed

19. Particulars of Employment :

Name & address of the Institution	Designation	Date of joining	Date of leaving	Scale of pay and Present Salary per month

#### Certificate from the Employer

I certify that the applicant whose signature is appended below is a bonafide teacher (approved by the District Inspector of Schools) of this School/Institution. The Statement made by the applicant in respect of employment at this school/Institution is correct.

I have no objection in deputing the applicant for studying B.P.Ed. Course of Jadavpur University and that the applicant would be released in time to enable him to join from 1st July.

.....  
Applicant's Signature in full

Date .....

(Seal of the School/Institution)

.....  
Signature of the Headmaster

Index Number of the School/Institution  
is.....

Note : A separate certificate from the Appointing Authority, duly countersigned by the District Inspector of Schools concerned stating that the applicant has been deputed for the course is to be furnished at the time of admission, if selected. The certificate should also mention his/her designation, date of joining, scale of pay and present salary.

20. If a student now of Jadavpur University or a student earlier and not subsequently migrated to another University/Institution, Registration No. ....of.....(Academic session)

Course of Study .....Deptt. ....

Date .....

Applicant's Signature in full

21. Medical Fitness : Certificate from a Registered Medical Practitioner is to be furnished in PROFORMA – B.

22. Declaration by the Father/Mother/Guardian/Husband :

(i) I declare that all the statements made above are true to the best of my knowledge and belief. (ii) In the event of the applicant being admitted, I undertake to pay his/her fees and other charges to the University.

Date .....

Signature of the Guardian

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The candidate should note the following instruction :

1. The following documents/Certificates will have to be enclosed inside the application form :
  - (a) Attested copies of Admit Card/ Certificate for age verification, Mark-sheet of all the examinations passed and other certificate mentioned in serial Nos. 17 (a), (b), & 20 above.
  - (b) Attested copies of the Certificate /documents in the name of applicant from the Competent Authority are to be enclosed in case of applicants applying under the SC/ST/OBC(A)/OBC(B) category.
  - (c) 1 (one) copy of recent passport-size photograph duly signed by the candidate is to be affixed on the Application Form.  
3 (three) copies of the same passport-size photograph are to be submitted along with the application form.
2. Registration of name does not confer any right on the applicant to be called for Interview. A candidate is called for interview only when the Admission Committee selects the candidate for it. Application Registration fee is not refundable in any circumstances.
3. All original documents/certificates will have to be produced by the selected candidate at the time of interview and also at the time of Admission.
4. The Admission Committee reserves the right of not selecting any candidate who is considered to be physically unfit or otherwise unsuitable.
5. A deputed candidate who is admitted to the course will have to exercise his/her option in writing to the Secretary, Faculty Council of Arts whether he/she will continue to enjoy medical benefit/allowance admissible to him/her from his/her employer or he/she will enjoy usual medical benefit admissible to the students on payment of medical fees from the University.
6. Selected candidates intending to avail of concessions will have to furnish the Father's/ Mother's/ Guardian's/ Husband's Income Certificate.
7. Application form must be properly filled in. Incomplete or irregular form will be rejected.

\* Forms to be submitted between 11 A.M. and 4 P.M. on Weekdays at the Office of the Dean & Secretary, Faculty Council of Arts, U.G. Arts Building (Except Saturdays, Sundays & Holidays)

(2.00-2.30 Recess)

PROFORMAA (for Sl. No. 18)

**(Certificate from the Head of the Institution last attended)**

.....  
(Name of the School/College)

.....  
(Address)

Ref. No.....

Date.....

This is to certify that Sri/Sm..... son/daughter of .....  
..... was/is a bonafide student of this Institution. He/She was/is due to appear at the  
..... Final Examination likely to be held in the month of .....20.....

During his/her study here nothing adverse is recorded against his/her character which can debar him/her from taking admission to any institution.

Seal of the Institution

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Signature of the Headmaster/Principal

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PROFORMA - B (For Sl. No. 21)

**M E D I C A L      C E R T I F I C A T E**

Certified that I have examined the applicant Sri/Sm.....  
on this date, the .....20..... and consider him/her physically fit for undergoing an intensive  
course of training in Physical Education.

Place.....

.....  
Signature of the Medical Practitioner

Date.....

Name.....

Registration No.....

# For Office use only

Note if any :

Interviewed on .....

Signature

Date .....

Opinion of the Head of the Department .....

Signature

Date .....

Decision of the Admission Committee .....

Signature of the Chairman  
Vice-Chairman Admission Committee

Date .....

Admit to the Bachelor of Physical Education course by / on .....

Date.....

Secretary, Faculty Council of Arts

## Cash Section :

Amount Recieved Rs.....

Receipt No.....Date.....

Signature

## Muster Roll Section:

Roll Number .....

Admitted on.....

Signature

Registrar

**Price : Rs. 100.00**