

DR. HARISINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.)

DEPARTMENT OF PHYSICAL EDUCATION

DETAILS OF SPORTS ACHIEVEMENTS

S. N.	Name of the Competition	Name of Game	Name of the Institution Represented	Year	Position
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Note:- Attach the attested photocopy of the certificates

OPTION OF THE GAME FOR ADMISSION TEST:-

BPES (Any One Game):- 1. _____

List of Games for Option:-

Hockey, Football, Volleyball, Basketball, Tennis, Badminton, Table Tennis, Cricket, Judo, Hand ball, Kho-Kho, Kabaddi, Swimming, Gymnastics, Wrestling, Weight lifting, Yoga, Baseball, Taekwondo, Wushu and Track & Field (Two events – one Track and one field event)

Note: -The Department of Physical Education has the rights to include or exclude any game according to administrative feasibility.

Name of the Applicant

Signature of the Applicant

DR. HARISINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.)

DEPARTMENT OF PHYSICAL EDUCATION

Admission into B.P.E.S. course

चिकित्सा प्रमाणपत्र

(चिकित्सा अधिकारी द्वारा प्रमाणित)

MEDICAL CERTIFICATE

(To be certified by a Registered Medical Officer)

1. Name:-_____ Sex:- _____(M/F) Blood Gr._____
2. Height (in cm):-_____ Weight(in kg):-_____
3. Physical appearance and Musculature:- Robust/Average/Weak
4. Previous History of Fracture or other injuries (Give Details):-

5. C.N.S.:-_____
6. C.V.S.:-_____
1. Respiratory System:-_____
2. Liver:-_____
3. Spleen:-_____
4. Hernia Site:-_____
5. Throat:-_____
6. Ears (Perforation/Discharge/ Any other) :-_____
- _____
7. Hearing:-_____
8. Eyes:-_____ Vision(Without Glass):-_____
- Color Blind (Partial/Complete):- _____
9. Any Body deformity (Such as Kyphosis, Lordosis, Scoliosis, Knock Knee, Bow Legs Flat Feet etc):-_____
10. History of Epilepsy, Asthma, T.B., V.D., Allergy, etc.:-_____
- _____
11. Sensibility to drugs ,if any :-_____

I certify that I have this day carefully examined (Name)_____

And have recorded my observation as given above. I am satisfied that he /she is fit/unfit for undergoing training in Physical Education which involves strenuous physical activities and competitive games. I further certify that the candidate has been inoculated/vaccinated for:

- | | |
|-----------------------|-----------------------|
| (a) Tetanus:_____ | (b) Typhoid :_____ |
| (c) Chickenpox :_____ | (d) Hepatitis-b:_____ |
| (e) Any Other:_____ | |

Signature of the Candidate

Date:_____

Signature:_____

Name:_____

Reg. No._____

Address:_____

Seal: