

## Members Registration form

**APPLICATION FORM FOR ASSOCIATE MEMBER REGISTRATION U/S 25(2) OF THE  
 ALL INDIA COUNCIL OF THE PHYSICAL EDUCATION, ACT, 2007.**

Passport  
Size Photo

FOR OFFICIAL USE

RECEIPT NO : .....

DATE : .....

1. Full Name : .....

2. Fathers Name : .....

3. Mothers Name : .....

4. DOB..... Gender: Female/ Male ..... Marital Status : Married / Unmarried.....Blood Group : .....

5. Aadhar Card No. .... Pan No. ....(attached photocopy)

6. Address for Communication : (a) Residence: .....

(b) Office: .....

7. Telephone Number with STD code: (a) Residence: .....(b) Office: .....(C) Mobile: .....

8. E-mail: .....

9. **Educational Qualification :**

Degree	Name of the College/University	Year of Passing
(a) Under graduation		
(b) Post graduation		
(c) M.Phil		
(d) Ph.D		

10. Name of the college/ Institution/University in which you are working : .....
11. Designation : .....
12. Teaching Experience : .....
13. Whether Registered Supervisor for guiding M.Phil and Ph.D in Physical Education : YES/NO .....
14. Game of Specialization : .....
15. Subject Specialization : .....
16. Publication: (a) Books : ..... (b) Monograph : .....
- (c) Research Article : International ..... National.....
17. Membership in any Professional Organization .....
18. Attended Conferences / seminars / workshops (National/ International) .....
19. Highest achievement in sports / games .....
20. Highest achievement in academics .....
21. "What are the courses in Physical Education provided by your Institute/University/College? Please specify.
  - Undergraduate
  - BPEd
  - MPEd
  - M. Phil.
  - Ph.D
22. Provide the website and email address of your Institute/University/College. ....
23. Any other Information which you feel is necessary then please write in a separate sheet and attach to this form.

Signature of the Member