

# All India Council of Physical Education

Regd. No. 3854, New Delhi  
Website : [www.aicpe.ac.in](http://www.aicpe.ac.in)  
E-mail : [cp@aicpe.ac.in](mailto:cp@aicpe.ac.in)

## 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

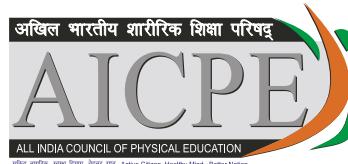
FOR OFFICIAL USE

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		



# All India Council of Physical Education

Regd. No. 3854, New Delhi  
Website : [www.aicpe.ac.in](http://www.aicpe.ac.in)  
E-mail : [cp@aicpe.ac.in](mailto:cp@aicpe.ac.in)

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