All India Council of Physical Education

Regd. No. 3854, New Delhi
Website : www.aicpe.ac.in
E-mail : cp@aicpe.ac.in

Passport Size Photo

Members Registration form

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

FOR OFFICIAL USE

RECEIPT NO : .....

DATE : .....

1. Full Name : .....

2. Fathers Name : .....

3. Mothers Name : .....

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

5. Blood Group : .....

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		

**A11 information is necessary for official records

अखिल भारतीय शारीरिक शिक्षा परिषद्
AICPE
ALL INDIA COUNCIL OF PHYSICAL EDUCATION
सक्रिय नागरिक, स्वस्थ दिमाग, बेहतर राष्ट्र Active Citizen Healthy Mind - Better Nation

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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

**A11 information is necessary for official records