

Members Registration form

APPLICATION FORM FOR LIFE 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