Shri C.P. Degree College of Physical Education, Rajpipla

Managed by Gujarat Vyayam Pracharak Mandal ,Rajpipla
M.V. Road, Near Gandhi chock , Dist.- Narmada - 393145

To
The Principal,
Shri C. P. Degree College of physical Edu
Rajpipla.

Affix passport size photograph and Sign on Photograph

Subject: Application for the post of _____

Respected Sir,

In response to your advertisement published in _____ dated: ____/____/____
I submit my application for the above post:

Personal Details:

1	Full Name:	
2	Date of Birth:	____/____ /_____ Age: ____ Years ____ Months
3	Marital Status:	Married / Unmarried
4	Gender:	Male / Female
5	Blood Group:	
6	Nationality:	
7	Caste:	S. T./ S.C. / SE B C/ O pen / Minority
8	Permanent Address:	
9	Present Address:	
10	Phone No.:	
11	Email:	
12	Languages Known:	

13	Academic Qualification

Sr. No.	Name of the Degree	Year of Degree Awarded	Subject	% of Marks Obtained	Class / Division
1	SSC				
2	HSC				
3	Diploma with Specialization				
4	Bachelor's degree with Specialization				
5	Master's degree with Specialization				
6	CCC				
7	Others If Any				

14	Experience:	Total Years: _____

Sr, No.	Name of the Institute	Designation	From	To
1				
2				
3				

15	Professional Training:	Attach copies of Certificate
16	Medical History	
Have you any Disabilities?		Yes / No
If yes, Give Details:		
Have you undergone any major surgery or illness in last five years?		Yes / No
If yes, describe when and type of surgery / illness:		
Are you suffering from any recurrent disease?		Yes / No
If yes, Give Details:		
Are you on any Medication / Treatment		Yes / No
If yes, Give Details:		
Have you ever been arrested or convicted for any offence or crime?		Yes / No
if yes, Give brief details:		

DD Amount: 500 Rs.

DD No.:
DD Date:
(DD in favour of Gujarat Vyayam Pracharak Mandal Rajpipla)

I certify that information provided in this form is true and correct to the best of my knowledge and belief. I am aware that if any of the above particulars are found to be wrong, I am liable to be disqualified.

Place: Signature of Applicant
Date: