



LAKSHMIBAI NATIONAL UNIVERSITY OF PHYSICAL EDUCATION, GWALIOR

Govt. of India (Ministry of Youth Affairs & Sports)

Center for Advanced Studies

Affix
Passport Size
Photograph

For Office Use only

Received Application Form

Fee Rs. -----

No. -----

Date -----

I/c Academic Section

APPLICATION FORM

DOCTOR OF PHILOSOPHY IN PHYSICAL EDUCATION (PhD)
MASTER OF PHILOSOPHY IN PHYSICAL EDUCATION (M.Phil)

To

The Registrar,
L.N.U.P.E., GWALIOR – 474002 (M.P.)

Sir,

I wish to apply for admission for the program in PhD / M. Phil in Physical Education. I have deposited in cash Rs. _____ Date _____ vide R. No. _____ in L.N.U.P.E., Gwalior MP. Demand Draft No. _____ Dated _____ Name of the Bank _____ as desired by the Regulations towards admission fee.

Attach self attested copies of the following documents with the Application form:

1. SC/ST/OBC Certificate, if applicable.
2. No objection /Employer /Sponsorship Certificate in prescribed form, if applicable.
3. Declaration Certificate in prescribed form.
4. Self Attested photo copies of mark-sheet/s of MPed or equivalent as the case may be.
5. Original Cash Receipt / Bank Demand Draft.

I hereby declare that I shall abide by rules and regulations of PhD /M.Phil as per the Ordinance of the University or prescribed/notified/issued by the University from time to time.

Date: _____

Signature of the Candidate _____

Name of Candidate _____

FOR CASHIER
Received Registration.

Fee Rs. -----

R.No/ -----

DD No-----

Date -----

CASHIER

(i)

Form No.....'12

LAKSHMIBAI NATIONAL UNIVERSITY OF PHYSICAL EDUCATION, GWALIOR*Govt. of India (Ministry of Youth Affairs & Sports)***Center for Advanced Studies****APPLICATION FORM****PhD / M.Phil**

1. Name in full (Block Letters):	
2. a) Father's /Husband's /Guardian's Name: b) Mother's Name:	a)..... b).....
3. Address for Correspondence: Pin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E-Mail Phone No (with STD code):
4. Permanent Address: Pin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E-Mail Phone No (with STD code):
5. Local Guardian's Name & Address, if any: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E-Mail..... Phone No (with STD code):

6. Date & Place of birth:

DD	MM	YY	Place
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Nationality:**8. State of Domicile:****9. Category: Tick off one**

Gen	SC	ST	OBC
-----	----	----	-----

10. Employment Status:

Not employed	Employed temporarily	Employed permanently
--------------	----------------------	----------------------

*(if employed, Employer's Sponsorship/No Objection Certificate in prescribe format should be attached)***11. Gender:**

Male	Female
------	--------

12. Marital Status:

Married	Unmarried
---------	-----------

(ii)

13. Educational Qualifications starting from 10th standard or equivalent:

Exam Passed	Board /University /Institute	Year of passing	Class/ Division/ Grade	Subjects taken (including Honours/Major, if any)	%Marks/ Equivalent Grade	Remarks
HSLC (10 th std)						
10+2 std.						
U.G. Degree						
PG. Degree						
M.Phil.						
Others						

14. Have you qualified NET/JRF? If yes, tick off as appropriate: Yes

15. Academic Distinction/Medals/Prizes, if any

16. Were you ever; a) debarred from any examination(s)? :

b. Punished for misconduct ?:

If yes, furnish the details:.....

17. Any other information including publication you wish to add that would support your candidature for the Program (use extra sheet, if required)

18. Declaration to be signed by the Candidate;

I declare that I shall abide by the Statues, Ordinances, Rules, and Orders etc. of the University that will be in force time to time. I will submit myself to the disciplinary jurisdiction of the Vice-Chancellor and the authorities of the University who may be vested with such power under the Act, Statutes, Ordinances and the Rules that have been framed by the University.

I also declare that the information given above are true and complete, to the best of my knowledge and belief, and if any of these are found to be incorrect, my admission shall be cancelled and I shall be liable to such disciplinary action as may be decided by the University.

Place:

.....

Date:

Full signature of the candidate

Note: No acknowledgement card will be sent to Eligible or non -Eligible candidates. Please keep visiting our University Website (www.lnupe.gov.in) for updates.
--

(iii)

EMPLOYER CERTIFICATE
(ONLY FOR INSERVICED CANDIDATE)

This is to certify that Shri/Smt./Kumari _____ is employed in this Institute /Organization / School/ University and has been working in the _____ Department on post of _____ Since _____ and total service experience is _____ The Institute/Organization / School/ University has no objection on Shri/Smt./Kumari _____ to enroll and work on Ph.D. program. He/she will be permitted for course work minimum of **One semester** (6 months) at L.N.U.P.E., Gwalior and if qualified, he/she will also be permitted to join as regular PhD scholar for duration required for Ph.D. Work.

Date:

Signature of Employer & Seal

Seal of the Department

Phone No. -----

DECLARATION BY THE CANDIDATE

I solemnly declare that I have not registered for Ph.D. program in any other Institute/ University in India or Abroad, further I will not join any course or will not appear in any Examination from the date of my registration as Ph.D. scholar till the submission of my doctoral thesis.

I am fully aware and understand that the violation of the above declaration will result in my immediate removal from the PhD program beside disciplinary action as per the regulation of the University.

Signature of the Candidate

Name _____