

**SCHOOL OF PHYSICAL EDUCATION**  
**DEVI AHILYA UNIVERSITY, INDORE**

**Annexure-I**

**DETAILS OF SPORTS ACHIEVEMENTS**

<b>S. N.</b>	<b>Name of the Competition</b>	<b>Name of Game</b>	<b>Name of the Institution Represented</b>	<b>Year</b>	<b>Position</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Note:- Attach the attested photocopy of the certificates**

**OPTION OF THE GAME FOR ADMISSION TEST:-**

**BPES (Any One Game):-**                      1. \_\_\_\_\_

**List of Games for Option:-**

Hockey, Football, Volleyball, Basketball, Tennis, Badminton, Table Tennis, Cricket, Judo, Hand ball, Kho-Kho, Kabaddi, Swimming, Gymnastics, Wrestling, Weight lifting, Yoga, Track & Field (Two events – one Track and one field event)

**Note: - The School of Physical Education has the rights to include or delete any game according to administrative feasibility.**

**Name of the Applicant**

**Signature of the Applicant**

**देवी अहिल्या विश्वविद्यालय, इन्दौर**  
**DEVI AHILYA UNIVERSITY, INDORE**

चिकित्सा प्रमाणपत्र  
 (चिकित्सा अधिकारी द्वारा प्रमाणित)  
**MEDICAL CERTIFICATE**  
 (To be certified by a Registered Medical Officer)

1. Name:-\_\_\_\_\_ Sex:- \_\_\_\_\_(M/F) Blood Gr. \_\_\_\_\_
2. Height (in cm):-\_\_\_\_\_ Weight(in kg):-\_\_\_\_\_
3. Physical appearance and Musculature:- Robust/Average/Weak
4. Previous History of Fracture or other injuries (Give Details):-  
 \_\_\_\_\_  
 \_\_\_\_\_
5. C.N.S.:-\_\_\_\_\_
6. C.V.S.:-\_\_\_\_\_
1. Respiratory System:-\_\_\_\_\_
2. Liver:-\_\_\_\_\_
3. Spleen:-\_\_\_\_\_
4. Hernia Site:-\_\_\_\_\_
5. Throat:-\_\_\_\_\_
6. Ears (Perforation/Discharge/Any other) :-\_\_\_\_\_
- \_\_\_\_\_
7. Hearing:-\_\_\_\_\_
8. Eyes:-\_\_\_\_\_ Vision(Without Glass):-\_\_\_\_\_
- Color Blind (Partial/Complete):- \_\_\_\_\_
9. Any Body deformity (Such as Kyphosis, Lordosis, Scoliosis, Knock Knee, Bow  
 Legs Flat Feet etc):-\_\_\_\_\_
10. History of Epilepsy, Asthma, T.B., V.D., Allergy, etc.:-\_\_\_\_\_
- \_\_\_\_\_
11. Sensibility to drugs ,if any :-\_\_\_\_\_

I certify that I have this day carefully examined (Name)\_\_\_\_\_

And have recorded my observation as given above. I am satisfied that he /she is fit/unfit for undergoing training in Physical Education which involves strenuous physical activities and competitive games. I further certify that the candidate has been inoculated/vaccinated for:

- |                        |                        |
|------------------------|------------------------|
| (a) Tetanus:_____      | (b) Typhoid : _____    |
| (c) Chickenpox : _____ | (d) Hepatitis-b: _____ |
| (e) Any Other:_____    |                        |

**Signature of the Candidate**

**Date:**\_\_\_\_\_

**Signature:**\_\_\_\_\_

**Name:**\_\_\_\_\_

**Reg. No.**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Seal:**

## **CHECK LIST OF ENCLOSURES FOR APPLICATION FORM**

- Annexure – I (Details of Sports Achievements)
- Annexure – II (Medical Certificate)
- Photocopy of 10<sup>th</sup> Mark sheet
- Photocopy of 12<sup>th</sup> Mark sheet
- Photocopy of Last Examination Mark sheet (If applicable)
- Photocopy of Transfer Certificate
- Photocopy of Characteristic Certificates
- Photocopy of Migration Certificate (If applicable)
- Photocopies of Sports Achievements Certificates

### **Other Documents for SC/ST/OBC Candidates**

- Photocopy of Caste Certificates
- Photocopy of Income Certificate of Father/ Parents
- Photocopy of Domicile of Madhya Pradesh

For further details contact or write to:

**Prof. Deepak Mehta**

**Head**

**School of Physical Education**

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