

**APPLICATION FORM**

1. Full name in capital letters :  
(as per the matriculation certificate)
2. Gender :
3. Date of Birth (as per the matriculation certificate):
4. Father's Name (as per the matriculation certificate) :
5. Nationality :
6. Post Applied for :
7. Permanent Address:
8. Address for Communication:
9. Mobile number and Email ID :  
(a valid and functional email ID to be provided)
10. Proof of Identity :
11. Academic Qualifications :

Recent colored  
passport size  
photograph

Qualification	Name and Address of College/Institution	University	Year of passing
Matriculation or its equivalent from a recognised Board			
General Nursing and Midwifery from a recognised Institution or equivalent qualification for male nurses.			

12. Details of services rendered earlier / Experience in related field (After the basic graduation)

Post/ Designation	Name & Address of the organisation	Duration of Tenure		Total Period
		From	To	

**Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of Sports Authority of India.**

**Name & Signature of Candidate**