



SPORTS AUTHORITY OF INDIA
National Center for Sports Science and Research,
IGSC, New Delhi – 110002

APPLICATION FORM FOR MEDICAL OFFICER

**Recent
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passport
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photogra
ph (Self
attested)**

1. Full Name in Capital Letters (as per the matriculation certificate):.....
.....
2. Gender:.....
3. Date of Birth (as per the matriculation certificate):.....
4. Post Applied for-
.....
5. Category Caste Certificate.....
6. Father's Name (as per the matriculation certificate):.....
....
7. Nationality:.....
8. Permanent Address:.....
.....
.....
.....
.....
9. Address for Communication:.....
.....
.....

10. Mobile number and Email ID (a valid and functional email ID to be provided):.....

11. Academic Qualifications:

Degree	Maximum Marks	Marks Obtained	Percentage of Marks	Name and Address of College/Institution	University	Year of Passing
Bachelors						
Masters						
Additional Qualification						

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

Designation	Name and Address of the Organization	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 with date.

