

**SPORTS AUTHORITY OF INDIA
NETAJI SUBHAS SOUTHERN CENTRE: BANGALORE**

080 23187131

080 23213204

Fax: 08023215214

Email: sainsscbllore@gmail.com

Date: 19/08/2018

Sub: Sports Massage Course under Skill Development

Sports Authority of India, Bangalore invites application from the eligible candidates for admission in Sports Massage Course, three weeks short term certificate course under skill development programme. This course will be of immense help to the sports scientists, physical educationists and coaches, etc.

Sl.No	Name Of The Course	Period	Eligibility Criteria	Last Date For Submission Of Application
1	Sports Massage Course	09.07.2018 To 28.07.2018 (3 weeks)	<ul style="list-style-type: none">10+2 Education	27.06.2018

- a) Application forms can be obtained from the office of drawing and disbursing officer, Sports Authority of India, Bangalore on payment of Rs.300/- (non-refundable) in cash or by demand draft, payable at Sports Authority of India, Bangalore during office hours or download the application and other details from website, www.nsnis.org or www.saisouthbangalore.com
- b) The duly filled application along with the Demand Draft in favor of 'Sports Authority of India' shall be sent to Sports Authority of India, Netaji Subhas Southern Centre, Mysore Road, Bangalore- 560056
- c) An advance application may be sent by email to sainsscbllore@gmail.com

Course fee

Sl.No	Name Of The Certificate Course	Course Fee	Lodging Charges/Day	Boarding Charges/Day	Security (Refundable)	Day Boarders	Demand Draft Towards Registration
1	Sports Massage	Rs.5000/-	Rs. 150/-	Rs. 225/-	Rs.1000/-	Rs.125/-	Rs.300/-

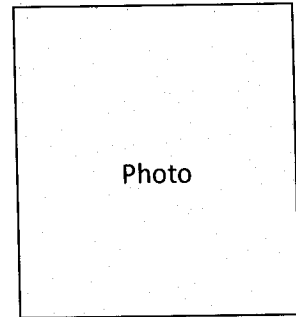
Day boarding facility also available for local participants.

Regional Director

**SPORTS AUTHORITY OF INDIA
NETAJI SUBHAS SOUTHERN CENTRE: BANGALORE**

**APPLICATION FORM FOR ADMISSION
CERTIFICATE COURSE IN SKILL DEVELOPMENT & TRAINING**

Note: Filled-in form superscribing name of the course may be sent may be sent to the Regional Director, Sports Authority of India, Netaji Subhas Southern Centre, Mysore Road- 56



Name of the Course:

Centre: SAI, Bangalore

1. Name of the Candidate:

2. Date of Birth:

3. Father's/ Husband's Name & Occupation:

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4. Present Correspondence/ Postal Address:

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Contact No: email id:

5. State of Domicile:

6. Whether SC/ ST/ OBC:

7. Academic Qualification:

8. Professional Qualification:

9. Proficiency in the game/ sport:
(Please attach self-attested certificates)

11. If employed mention your designation and name of employer

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11. Particular of demand draft attached: No..... Value.....

Date:

Signature of the candidate

Place & Date:

RECOMMENDATION OF THE SPONSORING AUTHORITY

Mr/ Mrs/ Miss is working in this organization
as..... since on temporary/permanent
basis and recommended for admission in the above course.

Signature of Sponsoring Authority with Seal

TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER

This is certified that I have carefully examined Mr/ Mrs/ Miss on
dated I am satisfied and beyond doubt that he/ she is fully fit/ not fit
for undergoing strenuous physical training programme involving risk injuries.

Signature of Registered Medical Practitioner

Regd. No.....

Name.....

Date:.....