Lakshmibai National Institute of Physical Education

GOVERNMENT OF INDIA, MINISTRY OF YOUTH AFFAIRS & SPORTS, Shakti Nagar, Race Course Road, Gwalior - 474002 (M.P.)

APPLICATION FORM NO.	For Office use only
DDI ICATIONI FORMANO	

SESSION: 2025-26

Affix Passport Size Color Photograph

APPLICATION FORM FOR ADMISSION TO MSS (MASTER IN SPORTS SCIENCES)

Name of Candidate [In CAPITAL Letters and as per Metric/Higher Secondary Certificate]	:	-					
Name of Candidate in Hindi	:						
Father's Name Mother's Name Name of the Guardian [If Father is not alive] Occupation of Father/Guardian		Shri/Late					
		: Smt					
		Shri					
Annual Income of Father/Guardian	:						
Correspondence Address:							
Distt.:State/U	.T.: _			Pin Coo	de:		
Permanent Address:							
State/U.	.T.: _			Pin Coo	de:		
(a) Mobile No.:		(b) Whatsapı	p No.:				
(c) E-mail Address:							
Nietienelitus		State /III of De	omicile				
Nationality:		State/O.T. Of Di					
Date of Birth:		Age:		Mon	th	Days	
		Age:			th	Days	
Date of Birth:		Age:	Years	2	th	Days	
Date of Birth: Gender [Please put a tick mark (✓) in the appropriate box] Marital Status	:	Age: □ Male □ Married	YearsYears Female	e rried 🗖 D	vivorced	Days □ EWS	
Date of Birth: Gender [Please put a tick mark () in the appropriate box] Marital Status [Please put a tick mark () in the appropriate box]	: :	Age:	Years Years Female Unmar	erried 🗆 D	oivorced □ ST		

	the appropriate box]						
18.	Have you ever been Crime/Gross Indiscipli [Please put a tick mark (✓)	•	: □ Yes	□No			
	If yes, furnish details o	on separate sheet.					
19.	Educational Qualificat	ions (Fill the Appropriate Co	olumns):				
	Examination Passed	Name of School/College	Name of Univers	,	ear of	Marks Obtained	To M

Examination Passed	Name of School/College	Name of University/Board	Year of Passing	Marks Obtained	Total Marks	% of Marks
Metric of Equivalent						
10+2 or Equivalent						
B.A./B.Com./B.Sc. or Equivalent						
Other, if any						

: 🛮 Hindi

☐ English

- 20. Application form can be downloaded from the Institute Website **www.lnipe.edu.in** Candidate can fill the form, with all the requisite documents (including online fee transaction receipt) and sent to **(Registrar, LNIPE, Mela Road, Shakti Nagar, Gwalior 474002 (M.P.)**
- 21. Application and testing fee will be deposit through Internet Banking/NEFT/ IMPS as per detail given below:

Bank Name	:	STATE BANK OF INDIA				
IFSC Code	:	SBIN0	002875			
Account Holder's Name	:	LNIPE ACCOUNT GWALIOR				
Account Number	:	10025	857768			
Category		UR	OBC-NCL/EWS	SC/ST/PwD/ Kashmiri Migrants		



Category UR OBC-NCL/EWS SC/ST/PwD/ Kashmiri Migrants
Application Fee for Written Test 500/- 450/- 400/-

22. Requisite documents to be submitted for offline application are as follows:-

UPI ID: 9406990880356bi

- (i) Proof of date of birth (Birth Certificate/Mark-sheet/Certificate of Secondary examination).
- (ii) Mark-sheet of the qualifying examination.

Medium of Examination [Please put a tick mark (✓) in

- (iii) Sports Achievement Certificate
- (iv) Character certificate from the Institute last attended.
- (v) Medical Fitness Certificate along with application form as per format attached failing which, the application form will not be accepted.
- (vi) Bonafide SC/ST/OBC certificate, if applicable, in prescribed format.
- (vii) Declaration regarding non-creamy layer (applicable for OBC candidates only) in prescribed format.
- (viii) Application & Testing fees receipt.

NOTE:

17.

- Incomplete Application Form and without above enclosures as mentioned shall be rejected.
- 2. Eligibility Criteria as per the Prospectus 2025-26.

Signature of the Candidate

UNDERTAKING BY THE APPLICANT

I have thoroughly read and understood all the details in the prospectus and am fully aware of
selection procedure and also undertake to abide by all such provisions as mentioned in the prospectus.
I solemnly declare that all the information provided and documents furnished by me as
enclosed are true to the best of my knowledge.
Place:
Date: Signature of the Candidate
UNDERTAKING BY THE PARENT/GUARDIAN
I,Father/Guardian of the
applicantam aware that Entrance Test requires
vigorous effort and the Institute shall not be responsible for any injury/medical problem occurring
during the Entrance Test at the Testing Centre opted.
Place:
Date: Signature of the Father/Guardian