

12. M.P.Ed - Master of Physical Education

Center which offer the course : Department of Physical Education
Calicut University campus

No of Seats : 35

Duration : 2 Years

Eligibility for Admission : BPE of this University or of any other University recognized by this university as equivalent there to P.G Degree BP.Ed./DP.Ed. in Physical Education of at least one year duration of any University/Board minimum 50% Marks

Mode of Selection : Based on Entrance Test conducted by University of Calicut + Weightage for qualifying Degree.

DECLARATION BY APPLICANT

Ihereby declare that all information given above and the enclosures of this application are true to the best of my knowledge.

Place :

Date :

Signature

*(Last date of Application.....) (Attested Copies of the certificates to be attached)

DECLARATION BY THE STUDENTS

Iagree to work and study diligently conforming to the rules and regulations of the Centre from time to time. I promise that I shall not do anything in the Centre or in the University campus that will interfere with the orderly government and discipline or cause any reflection on the reputation of the centre. Besides I have not been rusticated from any educational Institution nor have been awarded any punishment for criminal offence.

Place :

Date :

Signature :

UNDERTAKING BY THE GUARDIAN

IFather/Guardian of the student of
.....hereby undertake to maintain the students during his/her studies at the centre and shall be responsible for his/her liabilities. I also guarantee the good conduct of my ward during the period of studies at the centre.

Signature :

Name :

Address with Phone. No. :

Place :

Date :

MEDICAL CERTIFICATE
(To be certified by Registered Medical Practitioner)

1. Name :
2. Sex : 3. Height (in cm): 4. Weight (in Kg) :
5. Physical appearance& Musculature :
6. CNS :
7. CVS :
8. Respiratory System :
9. Liver :
10. Spleen :
11. Hernia Sites :
12. Throat :
13. Ears Perforation/ Discharge/any other defects :
14. Hearing :
15. Eye :

16. Vision with glasses :

17. Any other abnormality , physical defects or disability :
(Such as Kyphosis, Scoliosis , Knock Knees, Flat foot , Obesity etc)

18. History of Epilepsy , Asthma , TB, VD, Allergy etc :
.....

Certified that I have the day care fully examined Sri/Smt
.....agedand recorded my observations as above . I
certify that he/she is Fit/Not fit to undergo training in Physical Education & Sports which involves
strenuous physical activities.

Signature of the candidate :

Date :

Signature of the Doctor :

Name :

Registration No. :

Address :

Note :- Each Candidate will be medically examined by the Doctor appointed by the Centre and
admission

will be finalized only on passing the medical test.

Application No.

University of Calicut
Calicut University

Photo attested
by a Gazetted
Officer/ Head of
Institution
studied

ENTRANCE EXAMINATION FOR ADMISSION TO
MASTER OF PHYSICAL EDUCATION

ADMIT CARD
(To be filled by the Officer)

ADMIT
CARD No.

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NAME (In Block letters)

SIGNATURE OF CANDIDATE

(FOR OFFICE USE ONLY)

VENUE OF EXAMINATION
DATE AND TIME OF EXAMINATIONS

CO-ORDINATOR

Application No.

University of Calicut
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SIGNATURE OF CANDIDATE

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VENUE OF EXAMINATION
DATE AND TIME OF EXAMINATIONS

CO-ORDINATOR

This card must be shown to the supervising officer of the examination for inspection

1. Admit Card No. should be written in the space provided in the answer sheet
2. In all future correspondence, quote the admit card number.
3. This card should be preserved till the admission is over.
4. Use black, blue-black dot pen for marking the answers.
5. Only admit card and pen will be permitted to be taken to examination hall
6. No candidates shall be admitted to examination hall 15 minutes after the commencement of the examination.
7. Rough if needed may be done on the space provided in the booklet.
8. Candidate should not leave the hall without handing over their answer book and the booklet intact to the invigilator.
9. Candidates are under the disciplinary control of the invigilator