SKILL DEVELOPMENT PROGRAMME IN SPORTS MASSAGE

Last date of receiving filled in application form in the office is: 05-10-2021

Sports Authority of India, Netaji Subhas National Institute of Sports, Patiala through its Academics Wing is going to conduct the Skill Development Programme in SPORTS MASSAGE with the objective to enhance and update knowledge of those who are interested. The reputed and well experienced faculty members will teach the Course curriculum.

Details of Skill Development Programme in Sports Massage:

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Skill Development Courses</th>
<th>Duration of the Course</th>
<th>Dates of the course</th>
<th>Last Date of Submission of application</th>
<th>Eligibility Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Skill Development Programme in Sports Massage</td>
<td>03 Weeks</td>
<td>11-10-2021 to 29-10-2021</td>
<td>05-10-2021</td>
<td>10th Pass in any subject from an Indian or foreign School</td>
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<td>Age – 20 years to 45 years</td>
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<td>Relaxation in upper age is given to the candidates from SC/ST/OBC categories and Ex Servicemen</td>
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<td>Candidate should be Physically &amp; Medically fit and free from any contagious disease.</td>
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</tbody>
</table>

Mode of Course: Theory- One week online
Practical- Two weeks at SAI NS NIS, Patiala

Mode of Instructions: English and Hindi

Examination: On the completion of course curriculum Examination will be conducted Candidates obtaining less than 50% marks will be declared FAIL

Grading: Grade—“C” 50 to 59 %
Grade—“B” 60 to 69 %
Grade—“A” 70 % and above

Attendance: Candidate with less than 85% attendance will not be allowed to appear in The examination
Application Form:

Application form can be downloaded from our website [www.nsnis.org](http://www.nsnis.org). A bank draft of Rs.200/- (Non refundable), payable at Patiala drawn in favour of “Senior Executive Director (A) – SAI NS NIS, Patiala” must be attached with the application form.

Cost to participants:

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the Course</th>
<th>Course Fee/ per candidate</th>
<th>Administrative Charges</th>
<th>Course material/teaching material</th>
<th>Total amount payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Skill Development Programme in Sports Massage</td>
<td>Rs. 15,000-00/-</td>
<td>Rs.1000/-</td>
<td>Rs.1000/-</td>
<td>Rs.17,000/-</td>
</tr>
</tbody>
</table>

Submission of Application:

Applicant should submit the application on or before **05-10-2021**. Correspondence address for submission of application is as follows:

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Dr. I. P. Nagi  
Deputy Director (Academics)  
Sports Authority of India  
Netaji Subhas National Institute of Sports  
Patiala-147001 (Punjab)
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Rejection of Application:

Incomplete applications, applications received after the due date, application without the application fee of Rs.200/- applications without supporting documents and the applications not certified by Registered Medical Practitioner will be summarily rejected

General Instructions:

i. The list of selected candidates will be uploaded on our website on 08-10-2021
ii. Candidates selected for the course will have to deposit Rs. 17000/- as course fee (Non refundable) through RTGS in the account of SAI NS NIS Patiala and send the receipt through e-mail
   Account Number-55012350828
   Name of Bank - State Bank of India
   Branch - N I S Patiala
   IFS Code - 0050198
iii. Schedule of online classes will be intimated through what’s app group
iv. Offline classes will be started in small batches at SAI NS NIS, Patiala immediately after the completion of online classes. Formation of batches will be at the discretion of Senior Executive Director (Academics).
v. Candidates reporting for the offline classes will have to bring RTPCR negative report done within 72 hours of their arrival at SAI NS NIS, Patiala.
vi. Candidates reporting for offline classes will have to make their own arrangements of lodging and boarding outside the NS NIS Campus.

Note: Sports Authority of India Netaji Subhas National Institute of Sports, Patiala reserves the right to cancel the course without assigning any reason.
APPLICATION FORM FOR ADMISSION TO SKILL DEVELOPMENT PROGRAMME
In SPORTS MASSAGE

Note: Filled-in form mentioning the name of the course on the top of envelop may be sent to Deputy Director (Academics), Sports Authority of India, Netaji Subhas National Institute of Sports, Patiala-147001.

Name of the Course: ................................................................. Centre: Patiala

1. Name of the candidate: .......................................................... 

2. Date of Birth: ........................................................................

3. Father’s/Husband’s name & Occupation: .............................

4. Present correspondence/postal address: ..............................

   .................................................................................. Phone No: ................

   .................................................................................. E-mail ID: ..................

5. State of domicile: ............................................................... 


7. Academic Qualification: ...................................................... 

8. Professional Qualification (if any): ....................................... 

9. Proficiency in the game/sport (if any): ................................. 

10. If employed, mention your designation and name of employer:

    .................................................................................. 

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

    Dated: ........................................................................ 

    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 physically and medically fit and free any contagious disease.

Signature of Registered Medical Practitioner

Name…………………………………………………………

Regd.No……………………………………

Date:………………………………………………
Sub: Conduct of Skill Development Programme in Sports Massage.

As desired, the admission circular along with application form is prepared which is placed in the file. Full details of the course with instructions are also printed on it.

If the Senior Executive Director agrees may please approve so that admission circular is uploaded on our website.

Submitted for approval, please.

Dr.I.P.Nagi
Deputy Director (Academics)

Senior Executive Director (Academics)