

MAR THOMA COLLEGE CHUNGATHARA

Department of Physical Education

Application for College Fitness Education Programme 20--- 20---

1	Name: (In Block Letters)			
2	Class & Roll No			
3	Year of Admission			
4	Address: (In Block Letters)			
5	Phone Number/ Land Line E-Mail ID:			
6	Date of Birth & Age:			
7	Height in cm:			
8	Weight in Kg:			
9	Blood Pressure:			
10	Cholesterol Level:			
11	Blood Group:			
12	Are you Asthmatic? If yes, medicines taken:			
13	If Diabetic state the sugar count:			
14	Have you attended any fitness programme:			
I,..... hereby declare that I am participating in this COFE program with my own interest and I will be responsible for the effect of the programme and I shall obey the regulations stipulated for this programme.				
Signature of the participant				
OFFICE USE ADMITTED / NOT ADMITTED				
Department of Physical Education (HOD)				