

No.1-06/10 HPU (Phy. Edu.)-admission-2023-24
HIMACHAL PRADESH UNIVERSITY
(NAAC ACCREDITED 'A' GRADE UNIVERSITY)
"DEPARTMENT OF PHYSICAL EDUCATION"
GYAN PATH, SUMMER HILL, SHIMLA-5

Dated: Shimla-5 the, 01st September, 2023

ADMISSION NOTICE

On the recommendations of the Selection Committee, the following candidates in order of merit (against Subsidized and Non-Subsidized seats) are selected for admission in the M.A. (Physical Education) 1st Semester course for the academic session 2023-2024 as per the seats available in each category mentioned below. They are directed to submit their Medical certificate duly certified by the competent authority as per attached format and thereafter deposit their dues online through their respective User ID's up to 06.09.2023 by 5.00 P.M. positively, failing which their admission shall automatically stand cancelled and the seat shall be allotted to the next candidate in order of merit. Further, they are also directed to submit the fee counterfoil in the office of the undersigned. Although proper care and precaution has been taken while drawing the final merit list. However, any discrepancy, if found at the later stage is subject to modification/correction/cancellation of the admission.

(Subsidized Seats)

Open for all Category:

Sr.No.	Roll. No.	Name of Candidate	Father's Name	Categ.	Merit
1	35024	JYOTIKA BISHT	KAVI RAJ	ST	106.30
2	35014	ASHISH THAKUR	RAMESH KUMAR THAKUR	ST	106.00

Internal Category:

Sr.No.	Roll. No.	Name of Candidate	Father's Name	Categ.	Merit
1	35100	VISHAL	BALJEET KUMAR	SC	102.30
2	35095	GAURAV	SURESH	Genl.	101.40
3	35023	JYOTI SHARMA	MAHESH KUMAR	Genl.	99.50
4	35083	SHRUTI	SANJU RAM	Genl. (EWS)	94.90
5	35017	CHAMAN JOSHI	TEK SINGH	SC	92.70
6	35040	NATASHA	TASHI DAVA	ST	92.40
7	35092	VISHAL KUMAR	DEEP KUMAR	SC	92.10

SC Category:

Sr.No.	Roll. No.	Name of Candidate	Father's Name	Categ.	Merit
1	35073	RITIK	GHANSHYAM	SC IRDP	73.20
2	35043	NIKHIL	BANSI LAL	SC	70.10

ST Category:

Sr.No.	Roll. No.	Name of Candidate	Father's Name	Categ.	Merit
1	35013	ANKUSH GAUTAM	SARDARI LAL	ST	79.00

(Non-Subsidized Seats)

Open for all Category:

Sr.No.	Roll. No.	Name of Candidate	Father's Name	Categ.	Merit
1	35033	LOKINDER SINGH	BALBIR SINGH	Genl.	86.40

Internal Category:

Sr.No.	Roll. No.	Name of Candidate	Father's Name	Categ.	Merit
1	35008	AKSHAY CHAUHAN	YASHPAL CHAUHAN	Genl.	76.50
2	35055	PRINCE THAKUR	SHER SINGH	Genl.	74.80
3	35015	AVINAV DILTA	HEM RAJ DILTA	Genl.	71.20

Note: The students who have not shown their original documents at the time of counselling are directed to visit the office of the undersigned along with original documents for verification. It is further informed that In-Service candidate(s) are directed to submit Study Leave/No Objection Certificate from his/her Employer in the Department of Physical Education, H.P.University, Shimla-5 on or before 06th September, 2023.

[Signature] 01/09/2023
Chairman,
Dept. of Phy. Education,
H.P. University, Shimla-5.
Dated: 01/09/2023 - 6.

Endst. No. Even.

Copy to:

1. The Dean of Studies, H.P. University, Shimla-5 for kind information.
2. The Dean Students Welfare, HPU, Shimla-5.
3. The Chief Warden, HPU, Shimla-5.
4. The Web-administrator, H.P.University/Department of Physical Education, H.P.University, Shimla-5 with a directions to upload the same on H.P.University and Departmental official website/portal for the information of admission notice in public domain.
5. The SPS to the Vice-Chancellor, HPU, Shimla-5 for his kind information please.
6. Notice Board, Department of Physical Education, HPU, Shimla-5.

[Signature] 01/09/2023
Chairman,
Dept. of Phy. Education,
H.P. University, Shimla-5.
Dated: 01/09/2023 - 6.



DEPARTMENT OF PHYSICAL EDUCATION

HIMACHAL PRADESH UNIVERSITY
NAAC ACCREDITED 'A' GRADE UNIVERSITY
SUMMER HILL, SHIMLA-171005
Contact No: 0177-2633673/ 674
Email Id: physicaledu.hpu@gmail.com

CERTIFICATE OF MEDICAL FITNESS

The certificate must be from the Medical Officer or any rank above it from any Central/State Government Hospital/Dispensary/Medical College and must be brought by the candidate at the time of admission.

1. Name of the Candidate:
2. Father's Name:
3. Mother's Name:
4. Sex: (Male/Female):
5. Height:
6. Weight:
7. Identification Mark:
8. Blood Group:

*Photo (To be Attested
by the Doctor Signing
the Certificate)*

- | | |
|---|--------|
| 9. (a) In your opinion, does the applicant have any physical disability which would be an obstruction for him/her in performing vigorous physical activity? | Yes/No |
| (b) Does the applicant suffer from any respiratory disorder? | Yes/No |
| (c) Does the applicant suffer from any defect of vision? | Yes/No |
| (d) Can the applicant, to the best of your judgment, readily distinguish the pigmentary colours, red and green? | Yes/No |
| (e) Does the applicant suffer from any defect of hearing? | Yes/No |
| (f) Does the applicant suffer from any state of hypertension? | Yes/No |
| (g) Has the applicant any neuro-muscular defect or epilepsy or loss of | Yes/No |

memory which would be an obstruction for him/her in performing vigorous physical activity?

Certified that the candidate possesses the medical standards given above and is medically fit for the physical education profession.

Place:

Date:

Signature and Designation of the
Authorised Medical Officer with the Seal