

ADMISSION NOTICE

On the recommendations of the Selection Committee, the following candidates in order of second merit (against Subsidized and Non-Subsidized seats) are selected for admission in the M.P.Ed Physical Education 1st semester course for the academic session 2024-2025 as per the seats available in each category mentioned below. They are directed to submit their Medical certificate duly certified by competent authority as per attached format and thereafter deposit their dues online through their respective User ID's up to 26.09.2024 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)

Internal Category:

Sr. No.	Reg. No.	Name of Candidate	Father's Name	Category	Merit
1	H24A447060	DIMPLE SHARMA	PREM DUTT	Genl.	111.14
2	H24A419559	SOURABH KUMAR	PRATAP CHAND	Genl.	101.64
3	H24A492699	INDU RANI	TASHI RAM	Genl.	99.11
4	H24A455268	NISHA KUMARI	JEET KUMAR	Genl.	98.52
5	H24A994090	SAKSHI KANWAR	PREM SINGH	Genl.	90.85
6	H24A346532	ANCHAL THAKUR	NAGENDER	Genl.	88.79
7	H24A908787	KANAK CHAUHAN	SOHAN SINGH	Genl.	86.85

ST Category:

Sr. No.	Reg. No.	Name of Candidate	Father's Name	Category	Merit
1	H24A582069	VINESH KUMAR	CHUNI LAL	ST	73.40

(Non-Subsidized Seats)

Open for all Category:

Sr. No.	Reg. No.	Name of Candidate	Father's Name	Category	Merit
1	H24A678076	SACHIN	CHANDER KANT	Genl.	86.73

Internal Category:

Sr. No.	Reg. No.	Name of Candidate	Father's Name	Category	Merit
1	H24A868055	PARIKSHIT NEPTA	R P NEPTA	Genl.	86.67
2	H24A616750	PREM SINGH	MOTI SINGH	Genl.	86.47
3	H24A305703	GIRDHARI	KHEM RAJ	Genl.	86.11
4	H24A256289	JAVITRA	DHANI RAM	Genl.	83.82
5	H24A852587	HANISH	RANVIR	Genl.	74.61



अध्यक्ष
शारीरिक शिक्षा विभाग

Enclst. 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.

Dated:- 23.09.2023


Chairman,
Dept. of Phy. Education,
अभ्यासिक शिक्षा विभाग
H.P. University, Shimla-5
हि.प्र. विश्वविद्यालय, शिमला-5



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:



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