



APPLICATION FORM



Yoga course Code :

- 1. Diploma in Yoga Education (D.Y.Ed.)
- 2. P.G. Diploma in Yoga Therapy (P.G.D.Y.T.)
- 3. Certificate Course in Yoga (C.C.Y.)
- 4. Adv. Yoga Teachers' Training Course (Adv.TTC)
- 5. Certificate Course in basic understanding of Yoga and Ayurveda.
- 6. Certificate Course in Spa Therapies for yoga teachers.
- 7. Certificate Course in basic understanding of Traditional Yogic Texts:

No:

To,

The Principal,

Gordhandas Seksaria College of Yoga and Cultural Synthesis,

Kaivalyadhama, Lonavla, Dist. Pune 410403.

Sir/ Madam,

I wish to apply for the **(Course Code)**course and submitting below all my particulars for your consideration.

1. Name of the Candidate (in Block letters):

2. Mother / Father's/Husband's Name & Occupation

3. Address

Postal Address (with pin code) -----

Mobile No.: _____ Phone No.: _____

E-Mail:.....

4. Male /Female :.....

5. Date of Birth & Age :.....

6. State of Domicile :.....

7. Nationality :.....

8. Married / Unmarried :.....

9. Family responsibility :.....

10. Height (Cms)----- Weight (Kgs)-----

11. Usual Diet: Vegetarian / Non-vegetarian

12. Specify whether SC or ST or OBC (attach certificate):.....
(Not Applicable of Foreign Nationals)

13.Details of Educational Qualification

S.No.	Examination Passed	Board/University	Division / Class	% of Marks	Year of Passing	Marks obtained out of
1.	S.S.C (10 Years of Schooling)					
2.	H.S.C (12 Years of Schooling)					
3.	B.A/B.Sc./B.com. (15 Years of Schooling)					
4.	M.A/M.Sc./M.com (17 Years of Schooling)					
5.	M.Phil, Ph.D., D.litt.					

14.Present Occupation (Give full particulars). :.....

15.Background of Yogic Practices, if any? :.....

16.Background of Physical education, if any? :.....

17.Any other information. :.....

18. Send the D.D. in the name of Kaivalyadhama S.M.Y.M. Samiti, payable at Lonavla Only.

DECLARATION OF THE CANDIDATE

I hereby solemnly affirm that the statements made and information furnished by me with application form are true and correct. Should it however, be found that any information furnished therein is fraudulent, incorrect, or untrue in material particulars, I realise that the selection and admission to the Course is liable to be cancelled at any stage.

I do hereby undertake to abide by the rules of discipline and conduct. I agree that if I am found not obeying these rules by the authorities concerned, I may be removed from the course in which case no refund of any kind will be admissible to me.

I am not suffering from any chronic disease.

I shall present myself for an interview along with the original certificates at my own expense whenever required.

Place:

Date:

Signature of the candidate.

CHARACTER CERTIFICATE

This is to certify that Shri/ Smt/Kum
sound moral character.

is known to me for____ years and he /She bears

Place:

Date:

Signature & Designation

MEDICAL ECRTIFICATE

This is to certify that Shri/Smt/Kum.

Has been medically examined by me today he / she does not

suffer from any chronic illness which will prevent him/her to undergo intensive Yogic practices.

BODY PRESSURE:

LUNGS:

STOMACH:

HE/SHE IS NOT SUFFERING FROM ASTHMA –EZEMA-PEPTIC ULCER, HEART TROUBLE-SPONDYLITIS

Place:

Date:

Signature & Regd.No.of the
Medical practitioner

INSTRUCTONS FOR THE CANDDATE

1 a) The application form should be complete in all respect. b) The attested copies of the certificates mentioned therein must be attached with the application form. Xerox copies of certificates without attestation will not be accepted. c) Incomplete application will not be considered. d) Original certificates are to be produced at the time of interview.

2.If the space in any of the columns is insufficient and /or the candidate wishes to give additional information, a separate sheet may be used.

FOR OFFICE USE ONLY

Admit / Don't Admit Shri /Smt/Kum.

Place: Lonavla

Date:

Signature:

Seal :